MARYLAND STATE DEPARTMENT OF HEALTH

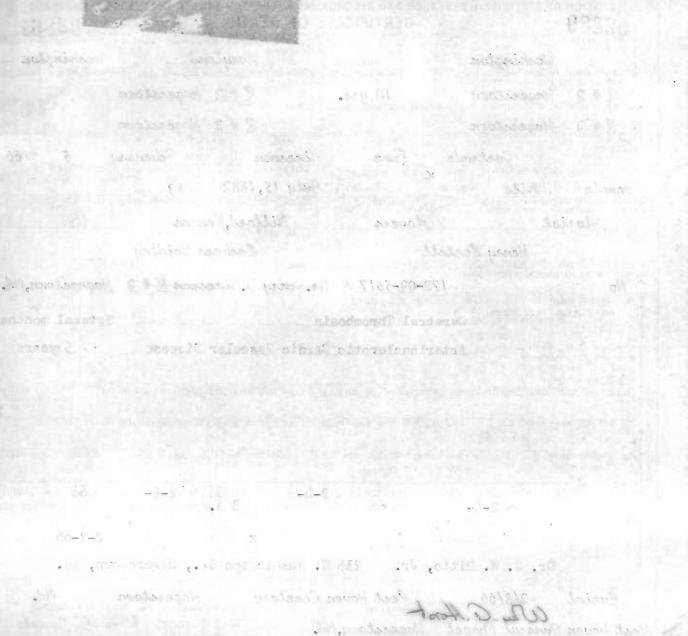
DIVISION OF STATISTICAL RESEARCH AND RECORDS, , 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1128	89		CERTIFICA	IE UF DEATE			112867	
1. PLACE DE DE	EATH			2. USUAL RESIDEN	CE (Where deceased	lived, If institution	: Residence before ad	mission)
a. COUNTY		ington	MARYLAND	a. STATE Ma	ryland	b. COUNTY W	ashington	
b. CITY OR 1 write RU	TOWN (if outside can RAL and give near	orporate limits, est town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corporate	Ilmits, write RUR	AL and give neares	t town)
R#		rstown	10 yrs.	R	# 2 Hage	rstown	21-1	
d. NAME OF	HOSPITAL OR INST	ITUTION (if not I	n hospital, give street address	d. STREET ADDRESS			e. IS RESI	DENCE
R#	2 Hage	rstown		II R +	# 2 Hage	rstown		NO X
3. NAME DF DECEASED		First	Middle	Last	4. DATE	Month	Day Yea	r
(Type or pri	nt)	Gertrude	: Emma	Airesman		ebruary	5 196	56
5. SEX	6. COLOR OR	RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		ER 1 YEAR IF UNDER	
Temal	e Whit	te WIDOW	ED DIVORCED	July 15, 188	32 83	yrs.		Min.
	PATION (Give kind overking life, even if		D. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?	
9	lorist	Tethed)	Howers	Milton	d.Kansas		USA	
13. FATHER'S	NAME		January	14. MOTHER'S MAIL	DEN NAME			
	He	enry Bart	tell	Ba	rbara Fair	dley		
	SED EVER IN U.S. ARI	MED FORCES?		. INFORMANT		Address		
No	(If yes give war o	r gates of service)	172-09-5617 1	Mr. Harry D. H	Aireaman K	2 # 2 Ha	gerstown,	Nd
	DF DEATH (Enter (only one cause p	er line for (a), (b), and (c).]	Transay Sol	rocesian i	11 2 1400	I INTERVAL BET	
	DEATH WAS CAUS	SED BY-					ONSET AND D	
110	IMMEDIATE	CAUSE (a) Ce	rebral Thrombos	is		Ser	veral mont	hs_
4		DUE TO					-	
	If any, which to Immediate	(b) <u>Ar</u>	teriosclerotic	Cardio Vascu	lar Disea	se	5 years	<u> </u>
cause (a),	stating the	DUE TO						
underlying		(c)					- Han Man All	TODOV
PART II. OTH	ER SIGNIFICANT CO	INDITIONS CONTR	IBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PART 1(PERFORI	MED?
PART II. OTH CELL 20a. ACCIDI OR CONTRIE (IF EITHER,	ENT WAS UNDERLY BUTING [] CAUSE (NOTIFY MEDICAL	ING 20b OF DEATH EXAMINER)	. DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Part I o	r Part II of Item	18.)	
N 20c. TIME	OF INJURY Month	, Day, Year 20	i. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, f	arm, 20f. (City	or town) (C	County) (S	tate)
20c. TIME Hour			IIIe NOT WHITE	tory, street, office bldg., e	etc.)			
Σ	p.m.		vork at work	2 1	- //	-d		
			ended the deceased from_				65, that (1) (w	
	deceased alive	on_2-5-	19_66, and th	at death occurred at E	A.M. from th		n the date stated	above.
22a. SIGN	TURE 1 Se	25	the M	.D. PHYS.		TAFF -	-7-66	
22c. PHYS	ICIAN'S		1	22d. ADDRESS		- Indiana	1-00	
NAMI	Tr. E	. W. Dit	to. Jr. 215	W. Washingto	n S+. Ha	gerstown	. Md.	
23a. BURIAL, C	REMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETE			ON (City, town or		ate)
REMOVAL	(Specify)	10/66	12 . 1.		111	rstown	Md	
24. FUNERAL I		0/00	Rest Have	25å. RE	C'D BY REGISTRAR		, , , , ,	
	W	ey -Cl. H	073		1 4	Clin	Jan Quedas	
Kest Ha	ven Junero	al (hapel	Hagerstown	Vd. DATEL	3 1 0 1966	1 1 Com	The state of the s	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in particular, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician aid completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02890 CERTIFICATE OF DEATH

1. PLACE DF DEAT	Н		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi-	ssion)
u. 0001111	WASHINGTON	MARYLANI	a. STATE MARYLAND b. COUNTY WASHINGTON	U
b. CITY OR TOV	VN (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN		
HAGERST		1 ¹ / ₂ MOS.	HAGERSTOWN 2/-/	
d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street addre	ss) d. STREET ADDRESS e. IS RESIDE	ENCE
	ON COUNTY HOSPIT.	AL	237 S. MULBERRY STREET YES NO	O KO
3. NAME DF DECEASED	First	Middle	Last 4. DATE Month Day Year	
(Type or print)	JAMES	DAVID		56
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Iast birthday) Months Days Hours	
MALE	WHITE WIDOWE	DIVORCED	AUG. 4. 1882 83 yrs. Months Days Hours	Min.
10a. USUAL OCCUPA during most of work	TION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
RETIRED		RGAN FACTORY	DEANSBORO. N. YORK J. U.S.A.	
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN NAME	
	WILLIAM ALLEN		MARY BRODIE	
	EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITYNO. 1	7. INFORMANT HANDERSTOWN, MD.	
NO		214-09-3049	MRS. LOUISE ALLEN 237 S. MULBERRY ST.	
18. CAUSE DF	DEATH [Enter only one cause per	r line for (a), (b), and (c).]	INTERVAL BETW	
PART I. D	EATH WAS CAUSED BY:	erminal card	inoma of the lung ONSET AND DEA	ATH
163	DUE TO	- 10 mm m m m m m m m m m m m m m m m m m	AMILIAN	
Conditions, If				
gave rise to cause (a), s	Immediate (
underlying cau	rating the			
PART II. OTHER		BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	
ICA				K
PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT O(IF EITHER, NO	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
		IN HID COOL DOOR		1-2
Hour a.		le - Not While - fa	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Statetory, street, office bldg., etc.)	ie)
	fy that (I) (this hospital) atter		2/2 1966 to 2/23 1966 that (I) (we)	last
	ceased alive on 2/23	19.667 and 1	hat death occurred at 2 AM, from the causes and on the date stated at	
22a. SIGNATU	The second secon	001111	22b. DATE SIGNED	
	Lad	"Weasall	M.D. PHYS. MED. STAFF 2/23/1966	
22c. PHYSICI.			22d. ADDRESS	
	HOWARD N. WEI	EKS M.D.	580 NORTHERN AVE. HAGERSTOWN, MD.	
23a. BURIAL, CREI REMOVAL (Sp	MATION, 23b. DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State	.)
BURIAL	FEB. 25,196		CEMETERY HAGERSTOWN, MARYLAND	
24 FUNERAL DIR		ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Charles	tough HI	AGERSTOWN. MAR	YLAND DATEAR 1 1956 Ochange Judge	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1100	11.	<u> </u>			0.000.7
1. PLACE OF DEA	тн			Where deceased lived, If Institution: Robb. COUNTY	esidence before admission)
Washin	gton	MARYLAND	a. STATE Marv		ashington
b. CITY OR TO	DWN (if outside corporate limits, AL and give nearest town)		c. CITY OR TOWN (If out	tside corporate limits, write RURAL	and give nearest town)
Hager	Stown OSPITAL OR INSTITUTION (If not	47 days	Clear Sp	ring Md.	1-/
d. NAME OF H	OSPITAL OR INSTITUTION (If not	in hospital, give street eddress)	d. STREET ADDRESS	3,	e. IS RESIDENCE ON A FARM?
	ngton County		Cumberla		YES NO
3. NAME OF DECEASED	First	Middle	Lest 4.	OF	Day Year
(Type or print 5. SEX		May	Bain	9. AGE (In years IF UNDER	19 66
5. SEX	6. COLOR OR RACE 7. MARK	THE TEN MARKITED	8. DATE OF BIRTH		Deys Hours Min.
Female			7/19/70	95 yrs.	
during most of wo	rking life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY		00	TIZEN OF WHAT
House		ome duties	Clear Spr		S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	
Martin	Luther Beard		Mary Fei	.dt	
	DEVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No	None	220-44-3752Be	enjimen Soll	iday Hagerston	wn. Md.
	F DEATH [Enter only one cause]				INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	Uremia acute		3	ONSET AND DEATH
44.	IMMEDIATE CAUSE (a)				1-10-10-10
Conditions, I		Aypertensive Arte	eriosclerotic H	leart Disease	20 years
gave rise t	o Immediate				
underlying ca	Stating the {				
	1 (0)	RIBUTING TO CEATH BUT NOT REL	ATED TO THE TERMINAL DISE	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT		None			YES NO
E 20a. ACCIDEN	IT WAS UNDERLYING 20		URRED. (Enter neture of In)	Jury In Part I or Part II of Item 18.	1
OR CONTRIBL	ITING CAUSE OF CEATH IOTIFY MEDICAL EXAMINER)				
101			ACE OF INJURY (Home, farm,		nty) (State)
Hour		/hile Not While at work	ory, street, office bldg., etc.)		
21 000		tended the deceased from De	ecember 19 65	Eeb. 08 1966	that (I) (we) last
caw the	deceased alive on Februar	rv 07 1066 and the	t death occurred at 3:	5AMV rom the causes and on the	
22a. SIGNA		and tha			ATE SIGNED
	his Rober to	Ken M.I	ATTENDING MEL	D. STAFF Feb	09, 1966
22c/ PHYSIC	TANK		1 22d. ADORESS		
NAME	(Type) Archie Rob	ert Cohen, M.D.	Clear Sp	ring, Maryland	
23a. BURIAL, CR REMOVAL (S	EMATION, 23b. OATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, town or cou	
Buris	1 2/11/66	St. Pauls	Cemetery	St. Paul Wash BY REGISTRAR 255. REGISTRAR	Co. Md.
24. FUNERAL DI	RECTOR	ADDRESS	25a. REC'D		SSIGNATURE
1ma	igaret Kamland	Clear Sprin	g, Md, DATEEB	14 1958 Jelland	2 June
-					v

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
P E2	X	02892 Item 9 CERTIFICATE OF DEATH ()287	0
ours after	S S S S S S S S S S S S S S S S S S S	1. PLACE OF DEATH a. COUNTY WAShing ton MARYLAND 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before a. STATE MARYLAND b. COUNTY FRED ER	e edmission
24 ho	er deal	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town)	lown)
within y filled	ours af	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS	RESIDENCE N A FARM?
xecuted	papers in 72 h	DECEASED	966
e pe e	carbon nt _e with		DER 24 HRS.
ertificat	remove iny evel	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHA	T COUNTRY
death c	please in a	13. FATHER'S NAME William F. Baker Mary T. Case	
that the on the other	Ihen noval, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give wer or detes of service) NONE MRS CARROLL WARFIELD, UNION BRID	Q.F
uires th /sician. id by th	permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSE (e) IMMEDIATE CAUSE (e)	
aw req ing phy in signe	-fransit mation	4500 DUE TO Conditions, if eny, which (b)	
The latend	burial rial, cre	geve rise to immediate couse (a), stating the underlying couse lest. (c)	,
ICIAN: spital or rificate	r to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6); 19. WA	S AUTOPSY REORMED?
PHYS the hos	of for use	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of Item 18.)	
IDING ned by After	defached of Hea	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) While Not While Not While at work et work	(State)
ATTEN be retai	lid be de le Dept.	21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, that (I) saw the deceased alive on 1966, and that death occurred at 1.1. M, from the causes and on the date state.	
L OR 4 may	the State		25. DATE SIGNED
HOSPITA ath. Page FUNERAI	or, page	22c. PHYSICIAN'S NAME (Type) G. W. Levan Boonston, Mi	9.
O HO death.	be filed	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) FEB 22. 1966 LOCUST G-ROVE FREDERICK CO	(Stote)
VR A1S		24 FUNERAL DIRECTOR'S SIGNATURE LADDRESS ADDRESS DE L'ESTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE DATE B 2 3 1966 Charles Judge	
20M 5-	02 13		

MARYLAND STATE DEPARTMENT OF HEALTH

WASH-

MARYLA DIVISION OF STATISTICAL RESEAR	AND STATE DE			E 1, MARYLAND
02893	CERTIFICAT	E OF DEATH		02871
. PLACE OF DEATH a. COUNTY Washington	MARYLANO	2. USUAL RESIDENCE a. STATE Marylan		Washington
Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	15 vrs.			RURAL and give nearest town)
Clear Spring. Md.	tai, give street auuress/	Clear S	pring. Md.	ON A FARM?
3. NAME OF First OECEASED	Middle Barr	Last	4. DATE Month OF DEATH Feb	Day Year 6 19 66
200 00 00 00 00 00 00 00 00 00 00 00 00	NEVER MARRIED OIVORCED	Nov. 15,1	9. AGE (In years IF last birthday)	UNOER 1 YEAR IF UNDER 24 HRS. on this Days Hours Min.
			unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Stillwell Barnhart		14. MOTHER'S MAID	EN NAME	
		INFORMANT	Address	Md. Clear Spring
18. CAUSE OF OEATH [Enter only one cause per line in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		f Prosto	te with gener	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Martine			5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELA	TEO TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour a.m. While at work		CE OF INJURY (Home, fai ry, street, office bidg., et		(County) (State)
saw the deceased alive on 12-6	he deceased from 19 45, and that	t death occurred at &		that (I) (we) last d on the date stated above.
22a. SIGNATURE Charles So. Hess 22c. PHYSICIAN'S NAME (Type)	M,I	ATTENDING PHYS. 22d. ADORESS	MEO. STAFF PHYS.	2-8-66
REMOVAL (Specify)	oc. NAME OF CEMETERS	Cemeterv	23d. LOCATION (City, tow	

1966

Clear Spring,

Rowland

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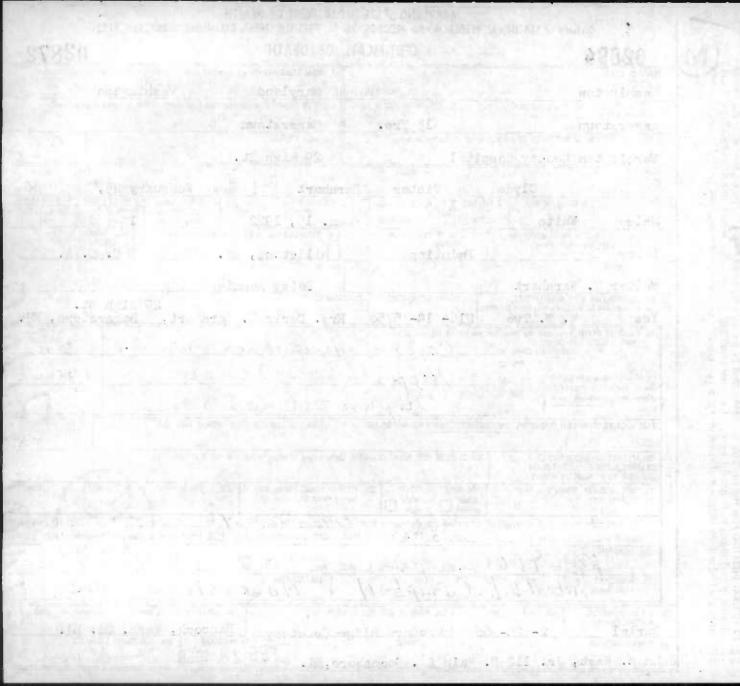
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0289	4		CERTIFICAT	E OF DEATH			112872
1.	PLACE OF DEATH Q COUNTY Washingt	on	W. J. E	MARYLAND	2. USUAL RESIDENCE o. STATE Maryland	(Where deceosed lived, if insti b. ((tutian: Residence DUNTY Shington	
	b. CITY OR TOWN	(If outside carparate limit	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote limits, write	RURAL and give n	nearest town)
	Hagersto			13 Yrs.	Hagersto	wn		21-1
	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in haspitol,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	Washingt	on County	Hospita		29 High	St.		ON A FARM? YES NO X
3.	NAME OF	F	irst	Middle	Last	4. DATE M	onth	Doy Year
	(Type or print)	Cly	de	Victor B	arnhart		ary 23,	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months D	YEAR IF UNDER 24 HRS Days Hours Min.
	Male	White	WIDOWED	DIVORCED	Jan. 15, 192	22 44 yrs	1	8
100	a. USUAL OCCUPATIO	N (Give kind of wark dane		IND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or foreign cauntry)		ZEN OF WHAT
00	ring mast of working Labor	j me, even ii renred)		inting	Millstone	. Md .	U.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN			
	Walter H	I. Barnhart			Daisy M	fanning		
15	WAS DECEASED EV	FRINUS ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT		9"High	C4
(1	Yes	(If yes give war ar dates		6- 14- 5756	Mrs. Doris	H. Barnhart,	Hager	stown. Md.
F		EATH (Enter anly one co			111 30 101 113	ns ballmal of	nago.	INTERVAL BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE		Core Iral	Hemort	age, Mas	sure	ONSET AND DEATH
	446		F TO	1/ 1-	(1		
	Canditians, if ony		(b)	Aupperte	moine /	George		1 year
	rise to immedio		E 10	26 0				1
	stating the under	erryring couse	(c)	Topler	02 cler	asis		
	PART II. OTHER S	IGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY
NO.								PERFORMED?
CERTIFICATION	200 ACCIDENT WA	AS UNDERLYING []	20h DI	ESCRIBE HOW INJURY OCCURRED) (Enter noture of injury in	Part Lar Port II of item IB)		1 12 11 110 14
ERI	OR CONTRIBUTING	G CAUSE OF DEATH	200. 01	ESCRIPE HOW MOOK! OCCOUNTED	. (Eller neters at injer) in			
		(MEDICAL EXAMINER) URY Manth, Doy, Year	204 1	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, far	m. 20f. (City or town)	(Count	ty) (Stote)
MEDICAL	Haur o.	m.	While	Not While m	octory, street, office bldg., etc		(00011	(3,0,0)
-		m. 19	at war		-711/2 20	10 5 64 1. 4 4	17210//	(11 - 1 / 1) (= \ \ \ 1
	21. I cert	ity that (I) (this ho	spital) atten	ded the deceased fram_ -23 1966, and th	at death accurred o	1937, 10 F- D	1,23, 1966	e, that (I) (We) la
	22a. SIGNATURE		10	i d	iai acain accorred o	1 <u>3 - 97 m, 110m (003)</u>	22b. DAT	
	/	Koberti	h.Ca	my sell	M.D. PHYS.	MED. STAFF PHYS.		125/66
	22c. PHYSICIAN': NAME (Type		1h. C	ampbell	22d. ADDRESS	GERSTOW	4 71	nc.
23	a. BURIAL, CREMATI		HEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or	Town) (C	Caunty) (State)
	REMOVAL (Specific Burial	2- 26	5- 66	Orchard Rid	ce Cemeters	Hancack, V	Wash. Co	. Md .
2	4. FUNERAL DIRECTO			ADDRESS	25a. KEC	0 0 0	REGISTRAR'S SIG	NATURE
Jo	hn H. Ba	st, Jr. 112	2 N. Ma	in S. Boonsbe	DATE E	B 28 1966	Jacarle	o Judge
-				The second secon				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physilian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours ofter dept.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

028735-4810 Reg. Dist. No.

	02895 CER	TIFIC	ATE OF DEATH		Reg. Dist.	0 135 No.	-481
	WHSHINGTON	ARYLAND	2. USUAL RESIDENCE (Whe	b. COUNT	ASHI	NGT	TON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	AY IN 1b	HAGE	rside corporate limits, write	RURAL ond giv	21	-1
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASH. COUNTY HOSPITAL		d. STREET ADDRESS	POTOME	AC ST	ON	A FARM?
	3. NAME OF DECEASED (Type or print) BABY GIRL BLACK			4. DATE MO	Y	Day 17	1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVOR 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS	CED 🗆	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 7. 1966 — yrs	Months D	YEAR IF UN Days Hour	"s Mig
	during most of working life, even if retired)		N/	YLAND	12. C1112	EN OF WH	AT COUNTRY?
	CHARLES RICHARD MAR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no. or unknown) (If yes, give wor or dates of service)	3T1N	NFORMANT MOTH	NN BLAC	dress		
	18. CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o)	(c).]	4			INTERVAL ONSET AN	BETWEEN ID DEATH
	Conditions, if any, which gove rise to immediate code (a), stating the underlying couse lost. DUE TO DUE TO (c)	itis	0				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	Ce	nd		VEN IN PART	PERI	S AUTOPSY FORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	3.410	D. (Enter notuce of injury in Po				•
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	20e. PL fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Co	ounty)	(Stote)
	21. I certify that I attended the deceased from						
	actual SIGNATURE ATTUACH	at death	1 1	M, from the causes of DDRESS (Street, city or town, N			nted abave. DATE SIGNED
	PHYSICIAN'S DR. J.D. TURCO, HA	GE	RSTOWN,	<u> 10.</u>			
	220. BURIAL, CREMATION, REMOVAL (Specify) 216. DATE THEREOF 22. NAME OF CE	EMETERY O	R CREMATORY	2d. LOCATION (City, town,	or county) STOV	vr 1	ote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS John & Way	sh l	S / Losp 24d RECTO	8Y REGISTRAR- 24b. REG	strar's sign	Judge	

VS A15 (4) 15M 9/55

6-162424

	CERTIFICA	cense
Молениетом Несеротоми		иотъншнаний.
110+ 3.Ротомис 5т.	_(FT:1980	WHERCOUNTYH
FEBRURRY 17 1819		d Sylchester
EBRURRYIT, No.	Dei	FEMPLE W.
Мекуснир		
JUDY HNN BLACK	истяяМ оп	Сырвика Висира
мантоМ	Wilder Cost States No. 2013	
	Premeturk	
	nephratis	
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Heerstown Mo.		my
oM uwara		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIAI2IO	M OF STATISTIC	AL KES	EARCH AND REC	nkn2	, JUI W. PKESI	ON SIKEE	, BALTIMUK	E I, MAI	KILAND	
	02896			CERTIFIC	CATI	OF DEAT	H		02	874	
1.	PLACE OF OEAT	H				2. USUAL RESIDE	NCE (Where dece			ence before a	dmission)
	a. COUNTI	WASHINGTON		MARYL	ANO	a. STATE	MARYLANI	b. COUNT		SHING	LOVI
	b. CITY OR TOW	N (if outside corporat	e limits,	c. LENGTH OF STAY		c. CITY OR TOWN					
	Write RURAL HAGERST	and give nearest tow	1)	2 MOS.		HAGERS'	TOWN		2	1-1	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not In	hospital, give street ad	dress)	d. STREET AOORES	S			e. IS RES	
V	VASHINGTO	N COUNTY HO	SPITA	L		138 N.	POTOMAC	STREET		YES [FARM?
3.	NAME OF DECEASED	Fi	st	Middle		Last	4. DATE	Month	1	Day Ye	ar
1	(Type or print)	ROSE	E	TTA SMITH		BOLINGER	DEATH	FEBRUAR	Υ	7 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIE			. OATE OF BIRTH	9.	AGE (In years !!	FUNDER 1 V		R 24 HRS
1	FEMALE	WHITE	WIDOWE			FEB. 14,19	908	last birthday) N	Months Oa	ys Hours	Min.
10	. USUAL OCCUPAT	ION (Give kind of work	ione 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE				EN OF WHA	T
dui	ring most of work	ing life, even If retired	1)	INOUSTRY		CLARKE (COUN		
13	HOMEMA FATHER'S NAM		1 0	WN HOME		14. MOTHER'S MA			1	U.S.A.	
			ST. A STEN					NID			
15		ARLES T. RO		6. SOCIAL SECURITY NO.	1 17	INFORMANT	. MORELA	Address			
	es, no, or unkown)	(If yes give war or dates of		NONE							1,4
	NO			NONE	MRS	S. WILLIAM	HART R	.D. # 2	BERRYV		
				line for (a), (b), and (c).	.1,			The state of		NTERVAL BE	
	PART I. OI	EATH WAS CAUSEO BY: IMMEDIATE CAUSE	(a)	achery	a					1me	
	1500	DUE	1	. (1	A			0	rc.
	Conditions, If	any which \	(b) (a)	NE CHANGE A	(1)	of all	ARh o	CLIN	(1740-	-15
	gave rise to	Immediate (and lagar	()	1	0			F-67.
	cause (a), s underlying caus	toting the	(c)			V					
NO				BUTING TO OEATH BUT NO	OTRELA	TED TO THE TERMINA	L OISEASE CONC	OITION GIVEN IN PA	ART 1(a)		UTOPSY
ATI										YES T	RMED?
E	20a ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJUR	y occu	RREO (Enter nature	of Injury In Pa	rt I or Part II of	Item 18.)	152	No Z
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEAT	H	DEGOTABLE HOW WHOOK	1 0000	KKEO. (EIKOI HAIATO	or myany mit a	it i or i dit ii or	110111 201)		
				INDIA COOLINGED LOS	DI AC	E OF AN WINY ALTON	f 1 005 f	Olan an Annua)	(Oountu		(State)
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Oay,	Whil	e Not While	factor	y, street, office bldg.	, etc.)	City or town)	(County	,	States
ME	p.:	- Company of the Comp	at wo							1176	
	21. I certif	y that (I) (this hosp	ital) atten	ded the deceased fro	om	8.11	195 6 to	death	. 19	that (I) (we) last
	saw the de	ceased alive on	2-	7 19 6%, an	nd that	death occurred at	430 M, fro	m the causes a	nd on the	date state	d above.
	22a. SIGNATU	RE-	3 1	10 10					22b. OATE	SIGNEO	
-		Volient	/	Lad Ve	M.O.	ATTENOING PHYS.	MEO. OIRECTOR	STAFF PHYS.	2/8/	1966	
	22c. PHYSICIA		TO TAIN	DID M.D.		22d, AOORESS				11.00	1
	NAME (T	ype) ROBERT	F. KEA	ADLE, M.D.		580 NOR1	CHERN AV	E., HAGE	RSTOWN	, MD.	
238	BURIAL, CREN	ATION, 23b. OATE T	HEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d. LO	CATION (City, tow	n or county	') (S	tate)
	BURIAL (SP	ecify)	0.196	6 MT. VIEW	CEM	WIED V	CHAD	PSBURG.	MAD	VT AND	
24	. FUNERAL DIRA		0 1 7 00	ADDRESS	CENT	25a. F		TRAR 25b. REG	SISTRAR'S S	IGNATURE	
/	Um Kas	well -	HAGI	ERSTOWN. MAR	YTWI	ND OATE	B 1 / 1	966 gel	carles	Judgi	-
1/	1101	()	TITEM	CHANGE CHANGE TOTAL	- 1.4547	UABEL		JUU //-	0	1 1	

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TO HOSPITE. A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 (2) be retained by the hospital or attending physician.

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VR A1S 15M 7-62

MARKIAND CTATE DEPARTMENT OF HEALTH

	MAKILAND SIA	LIE DEPARTA	MENT OF HEA	LIN	
DIVISION OF STATISTI	CAL RESEARCH AND RE	CORDS, 301 W	. PRESTON STRE	ET, BALTIMORE 1,	MARYLAND
00000	CEDTIE	ICATE OF	DEATH		0

1. PLACE OF DEATH		
a. COUNTY_ ; , ,	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	
WASHINGTON MARYLAND	. STATE MARYLAND b. COUNTY FRE.	Derice J
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporele limits, write RURAL end give	re neerest town)
write RURAL end giva naerest town)	FREDERICK	10-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	. IS RESIDENCE
FAhrrey-Keedy Memorial Home, INC.	101 Council St.	YES NO
3. NAME OF First Middle	Lest 4. DATE Month Do	y Year
(Type or print) Chrisse Byrd Del	1 BOWERS DEATH Feb.	9 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
temple White WIDOWED N DIVORCED .	July 15, 1875 (ast birthdey) Months Dey:	
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired)		OF WHAT COUNTRY?
homemaker	Martinsburg, W. Va. U.S.	, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Martin Luther Firestone	Katherine Virginia Galle	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give wer or detes of service) None M	r. Charles F. Bowers 18 West Thin	rd St. Fred.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	12	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CARALO L'ON	cular tisarel	ONSET AND DEATH
	1	
Conditions if any which a Due to An Toniana	leveis	8445
gave rise to immediate ceuse		
(a), steting the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
8		YES NO KK
	Dark Control of the C	
200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH IN THE FURTHER NOTICE BY AMBRICAL EVALUABLED	D. (Enter neture of injury in Pert i of Pert ii of ilem ib.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		/5104-)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Slote)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County)	(Slete)
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PL While Not While 1 work 1 wo	ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Slete)
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PL While Not While fee at work et work 21. certify that (I) (this hospital) atlended the deceased from	ACE OF INJURY (Home, farm, 20f. (City or fown) (County) ctory, street, office bldg., etc.)	, that (I) (we) last
20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PL While Not While fee at work et work 21. certify that (I) (this hospital) atlended the deceased from	ACE OF INJURY (Home, farm, 20f. (City or town) (County) atory, street, office bldg., etc.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (County) (County)	, that (I) (we) last date stated above.
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 21. I certify that (I) (this hospital) atlended the deceased from saw the deceased alive on 19.00	ACE OF INJURY (Home, farm, 20f. (City or town) (County) The clary, street, office bldg., etc.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (County) (County) (ACE OF INJURY (Home, farm, 20f. (City or town) (County) (County) (ACE OF INJURY (Home, farm, 20f. (City or town) (County) (County) (ACE OF INJURY (Home, farm, 20f. (City or town) (County) (ACE OF INJURY (Home, farm, 20f. (City or town) (County) (County)	, that (I) (we) last date stated above.
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 21. I certify that (I) (this hospital) atlended the deceased from saw the deceased alive on 22c. SIGNATURE	ACE OF INJURY (Home, farm, 20f. (City or town) (County) tory, street, office bldg., etc.) ACE OF INJURY (Home, farm, 20f. (City or town) (County)	, that (I) (we) last date stated above.
20c. TIME OF INJURY Month, Dey, Yeer While at work 20c URRED 20e. PL While at work 21. I certify that (I) (this hospital) atlended the deceased from saw the deceased alive on 1. 19.00, and that 22e. SIGNATURE	ACE OF INJURY (Home, farm, total) (County) ACE OF INJURY (Home, f	, that (I) (we) last date stated above. 22b. DATE SIGNED (State)
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work 20c. PL PL Mile et work 20c. PL PL PL MILE et work 20c. PL	ACE OF INJURY (Home, farm, 20f. (City or town) terry, street, office bldg., etc.) 1966 death occurred al. M, from the causes and on the death occurred al. M, from the causes and on the DIRECTOR PHYS. 22d. ADDRYS OR CREMATORY 23d. LOCATION (City, town or county) Frederick, Marylate	, that (I) (we) last date stated above. 22b. DATE SIGNED (State)

Foldery (With Money at House Inc. 181 Charles) Harris II Byer lett Bourger and Les 2014 45 1875 W eils John privestrating in Charles F. Stewart 18 Magt Third of 1990 With Cardin Varieties has about 188 to be well as the the property of the state of th The state of the s Markett bear all SELVE KERNEY Denty | Print Clare Clare Committee Holonie S. notres C. Juli Condension, Sarriand C. St. de

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death

Poge 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/	0289	3		CERTIFI	CATE OF	DEATH			0	2878	
	PLACE OF DEATH O. COUNTY	Washington	n	MARYL	0.	UAL RESIDENCE STATE	(Where deceased Md.	l lived, if instituti b. COUN			ion)
	b. CITY OR TOWN write RURAL or Hagers	c. LENGTH OF STAY IN		,	outside corporate	limits, write RUF	RAL ond give ne	eorest town)			
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Washington County Hospital					d. STREET ADDRESS e. TS. RESIDENCE ON A FARM?					FARM?
	3. NAME OF DECEASED (Type or print)		irst	Middle VIOLA	BRJ	Last	4. DATE OF DEATH	Mant	h		901
	S. SEX female	6. COLOR OR RACE white	7. MARRIED 2 WIDOWED	NEVER MARRIED DIVORCED	8. DATE	OF BIRTH . 17,		AGE (In years last birthday) 9 yrs.	IF UNDER I YE		ER 24 HRS
	10o. USUAL OCCUPATIO during most of working	during most of working life, even if retired)		ND OF BUSINESS OR DUSTRY Ot. store		11. BIRTHPLACE (County & Stote, or foreign country) Hagerstown, Md.				N OF WHAT RY?	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME Sarah Shaffer					700
	15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES: (If yes give war or dates	of service) 2 1 3	OCIAL SECURITY NO. 8-30-8703	17. INFORM		E. Bre	Addrewer, Ha	s gerst	own,	Md.
	18. CAUSE OF D PART I. DEA Conditions, if and rise to immedial stoting the under	y, which gave te couse (a),		(a) (b), ond (c).) Myse	my who	sile	infa insi disi	reter	4	INTERVAL BE ONSET AND	
7	PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY OCC	CURRED. (Enter n	oture of injury i	n Part I ar Part I	I of item 18.)			
	Hour a.	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 20d. INJURY OCCURRED While Nat While of work at									
	saw the	ify that (I) (this ha deceased alive an_	spital) ettend	led the deceased f	ram nd that dear	h accurred o	19, to	fram causes	and an the		
	ZZC PHYSICIAN	220. SIGNATURE Comparison M.D. ATTENDING MED. STAFF 22b. DATE SIGNED						66.			
	23a. BURIAL, CREMATI REMOVAL (Specif	ON, 23b. DATE THE 2-22		23c. NAME OF CEMET				TION (City or To		unty)	(State)
0	24. FUNERAL DIRECTI Scott I	***	ı & Son	ADDRESS	town, N		B 2.4 19		GISTRAR'S SIGN	ATURE	

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FOR STATE MEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, xecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be director. Page 4 should retained for your files. please execute O DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 000000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WEDIOAL EXAMINET								
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Washington MARYLAND	e. STATE Maryland b. COUNTY Washington							
b. CITY OR TOWN (if outside corporate limits. 7 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ural Shepsburg and Finates	Williamsport 2/-/							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
	DN A FARM?							
Taylor's Landing Road	124 S. Conococheague Street YES NO [2]							
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year							
(Type or print) Frank Merle	Brown DEATH Feb. 8 1966							
1. MARKIED HEARY MAKKIED IV	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Days Hours Min.							
Male White WIDOWED DIVDRCED	Feb. 23 1917 48 yrs. 11 15							
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
during most of working life, even if retired) INOUSTRY V. A. A. INOUSTRY V. INOUST	Williamsport Md. U.S.A							
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME							
Chalres Brown	Edda Danie							
	Effic Pryon							
(Yes, no, or unkown) (If yes give war or dates of service)	24 3. Conococheagne 20							
Yes World War 2 215-05-8730 Mr								
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND OEATH							
PART 1. DEATH WAS CAUSED BY:	Chest (Self Inflicted) Instant							
976 X DUE TO CHUSHOT Wound Of Chest (Self Inflicted) Instant								
Conditions If any which								
gave rise to immediate (
cause (a), stating the DUE TD								
underlying cause lest. (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY							
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED	PERFORMED?							
ICA	YES NO 30							
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELE	JRRED. (Enter nuture of injury in Part I or Pert II of Item 18.)							
PRIMARY M or CONTRIBUTING Self inflicted gu	inshot wound.							
Self inflicted gu	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
While Not While	pry, street, office bldg., etc.)							
	or's Landing Rt. Sharpsburg, Washington, Median Autopsy . Inspection . Inquiry . and in my opinion							
21. I certify that I took charge of the remains described above, he								
death resulted from: Natural causes , Accident , Sui	icide x, Homlcide , Undetermined manner							
1 5 5 5	CHIEF MEDICAL EXAMINER 22. DATE SIGNED							
SIGNATURE OF CW & NO.	M.D. Addistrict Medical Examiner							
EXAMINER'S	DEPUTY MEDICAL EXAMINER 2-9-66							
NAME (Type) Dr. E. W. Ditto. Jr.	Address (Street, city, town, or county)							
23a. BURIAL, CREMATION, 23b. OATE THEREDF 23c. NAME DF CEMETER	Y OR CREMATORY 23d. LDCATIDN (City, town or county) (State)							
Buremoya (Specify) Feb. 11-66 Greenlawn (Cemetery Villiamsport Maryland							
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Albert I. Leaf Williamsbort Maryl	land DATEEB 11 1966 Pellantes Judge							
The state of the s	TOTAL TANGENT OF THE PROPERTY							

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12900
12978

1 TOW # 2 P1 M # 1 1 1 1	//15/00 nc						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
MARYLAND	UNKNOWN UNKNOWN						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
HAGERSTOWN 4 MONTHS	UNKNOWN 2/-/						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WESTERN MD STATE HOSPITAL	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?						
1500 DENN. ALL HACARTOWN, MD.	UNKNOWN YES ND						
3. NAME OF First Middle	Last 4. DATE Month Day Year						
(Type or print) UOHN BRO	INSON DEATH FEB. 4 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.						
WIDOWED DIVORCED	1915 31 yrs. Montus Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT						
MIGRANT LABORER ORCHARD	MARION CO.,S. CAROLINA USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
GERALD BRUNSON	TINA A. OWENS						
	INFORMANT Address						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) UNK NOWN	OG BLOTGE FRINGON BUILTING G CAROLTINA						
	RS. ELOISE BRUNSON, MULLINS, S. CAROLINA						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	DILLAG PALELLAGA ONSET AND DEATH						
IMMEDIATE CAUSE (a)	BUCAP PRECIMONIA 2 WEERS						
DUE TO A.QUIT	E cornibry oracosion 3 mas						
Conditions, If any, which gave rise to immediate (b)	PARTHEOMBOSIS TMOS						
cause (a), stating the DUE TO							
underlying cause last. (c) CENERA							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
70	YES ND						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED CONTRIBUTION	IRRED. (Enter nature of Injury in Part i or Part II of item 18.)						
	OS OS INUIDA (Horse form) COL (Other or hours) (Ocusha) (Obaha)						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)						
p.m. 19 at work at work							
21. I certify that (1) (this hospital) attended the deceased from 10 - 6 - , 1965, to 2 - 4 -, 1966, that (1) (we) last							
saw the deceased alive on 2 - 4 - 1966, and that	death occurred at/24/4M, from the causes and on the date stated above.						
22a. SIGNATURE	ATTENDING MED 22b. DATE SIGNED						
The a hanney M.D							
22c. PHYSICIAN'S NAME (Type) FED CALL A POST OF THE	22d. ADDRESS 1500 PENN. AUC.						
- CTICES A. ICATALIZE E M	HASERSTOUN, MD						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)						
REMOVAL (NEB. 5, 1966 PLEASANT CEN	METERY MARION CO., S. CAROLINA						
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
(Hall 45 M KOLLEN HAGERSTOWN, MARYLAN	VD DATE B 1 0 1966 Clearles Judge						
	** 17** // · · · // //						

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Sec 15, 10, 41/16 11/3 5461 5, 1988

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fameral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	0.000		111111111111111111111111111111111111111
1.	PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY MARYTAND WA	SHINGTON
	b. CITY OR TOWN (If outside corporate limits, HAGHRS 10WN earest town) C. LENGTH OF STAY IN 1b YRS	c. CITY OR TOWN (If outside corporate limits, write RURAL : HAGERSTOWN	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 917 GUILFORD AVE.	e. IS RESIDENCE ON A FARM? YES NO
5	NAME OF DECEASED (Type or print) NETTIE BLANCHE	BUTLER 4. DATE Month DF FEBRUARY	Day Year 5 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WHITE WIDOWED DIVORCED	0/29/1000 05 yrs.	Days Hours Min.
1Da	USUAL OCCUPATION (Give kind of work done in the control of Business OR INDUSTRY IN THE INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	UNTERY? S.A,
13.	FATHER'S MANELES ALFRED PRINTZ	14. SARAH JANE JENKINS	
15 (Yo	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NONE. NONE.	RS. BEULAH SNYDER HÄGERSTO	WN
	18. CAUSE DF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hily	INTERVAL BETWEEN ONSET AND DEATH OUR GREEN
	Conditions If any which \		
	gave rise to Immediate		
	cause (a), stating the underlying cause last.		
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REMA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRAED. (Enter nature of injury in Part I or Part II of Item 18.))
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
MED	p.m. 19 While Not While at work		//
	21. I certify that (I) (this hospital) attended the deceased from	2/3 , 1966 to 2/3 , 196	that (I) (we) last
		t death occurred at M, from the causes and on th	e date stated above.
	22a. SIGNATURE M.D. Artur M.D.	ATTENDING MED. STAFF	-7-6b
	22c. PHYSICIAN'S NAME (Type) Donald E.Martin M.D.	22d. ADDRESS 418 North Potomac St. Hagerst	own Md
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
	BURIAL 2/7/66 REST HAVE	EN CEM. HAGERSTOWN	MD.
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	Λ
/	1. I princed parsions	DATE B 10 1966 Scharle	Judge.

VR AI5 (4) 20M 1/65

Wish a still of TAXOTE STOKE .air caouith air Latinean Tunnon air adhrasan 13 - F YILMARIS - RELYON - SICHAIR MICHELL 5/2 **9**/1 80 ALUKSHLY ZEOR ZEOR ZEKUSO BOLINEL ZURKE ZEUTER GERNEL ZURKEO

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William Co. Harris M.

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W.S. 5

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02881

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WAS	SHINGTON
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)	4	1 1
HAGERS TOWN 40 YRS • d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	1074 MARSHALL ST.	e. IS RESIDENCE
d. Name of hospital or institution (if not in hospital, give street address)	G. STREET ADDRESS	ON A FARM?
WASHINGTON COUNTY HOSPITAL	HAGERSTOWN	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Day Year -
DECEASED (Type or print) SARAH MAYBELLE	CARBAUGH DEATH FEBRUARY	13 19 66
	8 DATE OF BIRTH 19 AGE (In years LIF UNDER)	
		Days Hours Min.
FEMALE WHTTE WIDOWED DIVORCED LIDE AND OF BUSINESS OR	3/19/1897 68 yrs.	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CO	UNTRY?
HOUSEWIFE HOME	PENNSYLVANIA	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
EIMED WATTACE	SARAH MILLER	
	INFORMANT Address HAG	ERSTOWN
(Yes, no, or unkown) (If yes give war or dates of service)	R. HARRY W. CARBAUGH	MD.
NO		INTERVAL BETWEEN
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 01 01 01 11	ONSET AND DEATH
IMMEDIATE CAUSE (a) Myseardist in	faction auth antiosephal	5 days
H20 DUE TO	00000	
Conditions, If any, which (b) arthubelesses	heart deseare	Mup.
gave rise to immediate cause (a), stating the DUE TO		1
underlying cause last. (c) atheroscleusus	alneal	unk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
18 0 1 10 and 10 day		PERFORMED?
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of item 18.)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANCE OF CONTRIBUTING TO DEATH BUT NOT RELEVANCE OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MALES (Effect flocate of mjary in Fart For Fart II of From 201)	
		(04+4+)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor with the control of th	CE OF INJURY (Home, farm, 20f. (City or town) (Cour ry, street, office bidg., etc.)	nty) (State)
Hour a.m. p.m. 19 While at work at work		
21. I certify that (I) (this hospital) attended the deceased from	0 del- 1966 to/3 26- 1966	that (1) (we) last
saw the deceased alive on 13 Jeb 1966, and that	t death occurred 222PM, from the causes and on th	
22a. SIGNATURE		TE SIGNED
100 cm de un	ATTENDING MED. STAFF DIRECTOR PHYS. 14	Feb-lat.
22c. PHYSICIAN'S M.E	DIRECTOR PHYS. 177	V -0 0 0
NAME (Type) PLOUIS M. SNVDER, M.D.		RSTOWN MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 2/16/66 REST HAVI	TTA CETT CETT	3.00
		MD •
24. FUNERAL DIRECTOR APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
W - Moreneul raggestown Me	DATE B 18 1966 Charles	Judge
		0 =====================================

VR AI5 (4) 20M 1/65

TO THE COMMITTEE OF THE STATE OF THE STATE OF Et Thaumy Shundar Alliera 3/19/1 597 - 68 - 1/2/1/E ALHAVIESCEN THORE THORE AND APPLICATION INCOME OF THE PARTY OF THE PART MOUNTED W. VISAR . FX Myrea di cetta parettan pratetta delle atte contette William March Miller Andreap variable talks Suggest of the Sulfan 10 10 -00 51 13 300 -00 01 Christ M. Mayelle me CLUSS HE SHIPTED MATERIAL TO THE PARTY OF THE STREET .C. severe mile y . T. Jan Bellin District Co. Trailing the second secon

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11 10 000			CERTIFICAT	E UF DEA	I II			1128	82
	PLACE OF DEAT	Н			2. USUAL RESID	ENCE (Where de	ceased lived, If inst	itution: Resi	dence before	admission)
	a. COUNTY Washington MARYLAI				a. STATE b. COUNTY					
	P CITY OF TOW	N (if outside cornora	te limite	MARYLAND c. LENGTH OF STAY IN 1b	O CITY OF TOWN	land	Washir porate limits, wri	to PURAL OF	od give near	net town)
	write RURAL	N (if outside corpora and give nearest tov	vn)		C. CITT OR TOWN		porate mints, wit	TO KOKAL OII	in Rise near	/
	Boons	boro		l Yr	Hage:	rstown		2	1-1	
	d. NAME OF HO	SPITAL OR INSTITUTION	DN (if not in h	ospital, give street address)	d. STREET ADDRE	SS				SIDENCE FARM?
	Reed	er Nursin	g Home		1378	Salem	Ave		YES 🗌	-
3.	NAME DF DECEASED	F	irst	Middle	Last	4. DATE	Month		Day Yo	ear
	(Type or print)	MARGA		ELIZABETH	CLARK	DEATH	Feby 8	1966	6 19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9.	ACF (In years)	IELINDED 1 V	YEAR IF UND	
	Female	White	WIDOWED	_	Feby 14:	1070	last birthday)	Months Oa	ays Hours	s Min.
10a.	USUAL OCCUPAT	ION (Give kind of work	done I 10h K	IND OF BUSINESS OR		(County & State	93 yrs. , or foreign country)	1 12. CITI	IZEN OF WHA	AT
durl	ng most of work	Ing life, even If retire	ll (be	NDUSTŖŸ				COU	NTRY?	
	FATHER'S NAM		1 UM	vn Home	Pownsvi		sh Co Mc	LL US	SA	
13.					14. MOTHER'S M		3			
		rge W. Le			El1:	zabeth	Null '			
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Addres	S		
(,,,,,	No		11 321 1100)	None Jos	eph Harsh	1378	Salen A	17.0		
	18. CAUSE DF	DEATH [Enter only on	e cause per l						INTERVAL B	ETWEEN
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)] Hagersyaun and.						ONSET AND			
	IMMEDIATE CAUSE (a) / VI / VO LOCATION PEARS WITH COMMENT						100	1-		
	400 DUE TO						(
	Cenditions, If gave rise to		(b)							
	cause (a), si		ТО							
	underlying caus		(c)							
NO.	PART II. OTHER S	ICNIFICANT CONDITI		JTINC TO DEATH BUT NOT REL	ATED TO THE TERMINA	AL DISEASE CON	DITIONCIVENINE	ART 1(a)	19. WAS A	UTOPSY
CAT									YES T	RMED?
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCI	IRRED (Enter nature	a of injury in P	art I or Part II of	Item 18)	1120	
8	DR CONTRIBUTI	WAS UNDERLYING DAY NG CAUSE OF DEA TIFY MEDICAL EXAMI	TH		Dittes, (Elitor liatar)	or injury in t		10111 2017		
				NAME OF THE PARTY						(0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
MEDICAL	Hour a.r	INJURY Month, Day,		facts	ICE OF INJURY (Home ory, street, office bldg		(City or town)	(County	y)	(State)
ME	p.1		While at work	- INOT AAULUS -			. 1			
	21. I certify that (I) (this hospital) attended the deceased from 10, 196, to tell 1, 196, that (I) (we) last									
	saw the deceased alive on 19/10, and that death occurred at M, from the causes and on the date stated above.									
	22a. SICNATUI		1010		t dodin occorrod o		1		E SICNED	
		1/1/1	111	line "	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2/1	2/6	6
-	22c. PHYSICIA	N'S	100	M.I	22d. ADDRESS	DIRECTOR L	rnisi	-11.	0/0	9
li	NAME (T)	(pe) ()	600	1/03-	111	1001	Alra	11.	MA	
224	DUDIAL OSSA	LATION LOSS SATS	THEOROR	L OGO NAME OF OTHER	V 00 005MAT05Y	1 024 1	COATION (OIM: A	1	14	Chatal
23a.	BURIAL, CREM REMOVAL (Spe		THEREOF	23c. NAME OF CEMETER			OCATION (City, to		/	State)
	urial	12-11-6		Green Lawn	Cemetery	Milli	STRAR 25b. RE	Wass	h Co	Md
24.	FUNERAL DIRE		gersto	wn ADDRESS Md.						
	Andre	W A. COI	Iman F	uneral Home	inc Lit	- H 7 / 1	acc occ	carefor	Judge	2

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1)2883 STATISTICAL RESEARCH

1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	tesidence before admission)					
	WASHINGTON MARYLAND		ASHINGTON					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
	HAGERSTOWN 27 YRS.	HAGERSTOWN	21-1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
	338 E. FRANKLIN STREET	338 E. FRANKLIN STREET	ON A FARM? YES NO					
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year					
	(Type or print) NORA LEVINA	CORRIGAN DEATH FEBRUARY	22 19 66					
100	7. MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.					
F	TEMALE WHITE WIDOWEDY DIVORCED J	JAN. 1, 1887 79 yrs.	Days Hours Min.					
10	Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRT HPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT					
R	Iring most of working life, even if retired) LETIRED DANCE INSTR. INDUSTRY DANCE SCHOOL	PASSAIC CO., N. JERSEY	U.S.A.					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O.D.R.					
-	PATRICK DUFFY	III TA PTODNAN						
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT MARKETSTO	WN. MD.					
(Y	(es, no, or unkown) (If yes give war or dates of service) NO 215-20-9332 MR							
=	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	S. JUDY VAUGHN 338 E. FRANKLI	I INTERVAL BETWEEN					
			ONSET AND DEATH					
	IMMEDIATE CAUSE (a) ACUTE CONGESTIVE HEART FALURE & PURMONING ENC							
	DUE TO							
	conditions, If any, which gave rise to Immediate (b) Mrocresia I	HEARCHON	MINUTES					
	cause (a), stating the DUE TO	11 = 1 = 1 = 1	YEARS					
z	underlying cause last. (c) ARTSONO SCUSEOTIC							
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?					
FICA			YES NO					
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury in Part 1 or Part II of Item 18	.)					
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC		inty) (State)					
MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)							
Σ	p.m. 19 at work							
L	21. I certify that (I) (this hospital) attended the deceased from 7 May, 1963, to 22 Fes, 1966, that (I) (we) last saw the deceased alive on 5 Fes. 1966, and that death occurred at 6 M, from the causes and on the date stated above.							
	22a. SIGNATURE		ATE SIGNED					
	I De Atas	ATTENDING MED. STAFF 2/2	2/1966					
	22c. PHYSICIAN'S	22d. ADDRESS	~/1/00					
	NAME (Type) WILLIAM N. FENDER	218 N. POTOMAC ST. HAGERSTO	WN. MD.					
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY							
	BURIAL (Specify) FFEB. 24,1966 ROSE HILL CE		TAND					
2	4. PUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR						
1	Harly M Kause HAGERSTOWN, MARYLA	ND DAFEB 24 1966 go of	en Judger					
1	Mand of the state	DATE - N T 1000	00					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after the should be filled with the State Dept.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12884

1. PLACE OF OEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
a. COUNTY Vashington MARYLANO			a. STATE Maryland b. COUNTY Washington					
		N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
I	in cers to	and give nearest town)	1 week	Hagerst	town	21-1		
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address			e. IS RESIDENCE		
	Washir	neton County H	ospital	112 Clar	ckson Ave.	ON A FARM? YES NO		
3.	NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year		
7	(Type or print)	Malinda		Crawley	DEATH Feb.	27 1966		
5.	SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years IF last birthday) Mo	UNOER 1 YEAR FUNOER 24 HRS.		
T	emale	Colored WIDOWE	DIVORCEO [April 1 1	887 78 yrs.	10 26 10013		
10a	. USUAL OCCUPAT		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Domesti		ome	Halifax	Co. Virginia	U.S.A		
13.	FATHER'S NAM	E		14. MOTHER'S MAI	DEN NAME			
		Jacob Adams		Lucin	da No Gee			
		EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17	INFORMANT 772	Clarkson Address	Ave.		
(10	No	2	7	ar. Virgi:	nia Pullard H	agerstown Md.		
		DEATH [Enter only one cause per	line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melucialis Carcinomer							
	170 V							
	Conditions, If any, which (b) Caremina of Breat							
	gave rise to Immediate cause (a), stating the DUE TO							
_	underlying cause last. (c)							
01	PART II. OTHER S	RT 1(a) 19. WAS AUTOPSY PERFORMEO?						
ICA	Linkets mellitin							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
			INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)		
MEDICAL	Hour a.r	n. While	e - Not While - fac	tory, street, office bldg.,	etc.)			
M	p.r			111/22	- 114 /			
		y that (I) (this hospital) attend				19 44, that (I) (we) last		
			1964, and th	at death occurred at	12/1/20 M, from the causes an	d on the date stated above.		
	22a. SIGNATURE ATTENDING MED. OIRECTOR STAFF PHYS. OIRECTOR PHYS.							
	22c. PHYSICIA NAME (T)	N's Edson B. M	oody M.D.	Hagerst	own. Md.			
23a	. BURIAL, CREM	IATION, 23b. OATE THEREOF	23c. NAME OF CEMETE		23d. LOCATION (City, town	or county) (State)		
B	REMOVAL (Spe				Williamsno			
24	. FUNERAL DIRE	CTOR	AODRESS		C'D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE		
	Albant	T. Leaf Will	i amanout Md	MAR	3 1956 gcho	well Judge		
	BLUCI	I have been some some	THOUSE OF TIME	MARKET 1	4 1000	1		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cache papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whim 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02906 CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro	esidence before admission)
a. COUNTY Washington MARYLAND	a. STATE Washington	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town)		and give mediese comp
Hagerstown 17 years	Hagerstown	-/-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	45 Spruce St	YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Oay Year
(Type or print) FRANCES CATHERINE	CURRY DEATHFeby 6 1966	19
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (in years IFUNDER last birthday) Months i	YEAR IF UNDER 24 HRS.
	Nov. 24 1882 83 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. C1	TIZEN OF WHAT
during most of working life, even if retired) Housewife Own Home		UNTRY? J.S.A.
Housewife Own Home	14. MOTHER'S MAIDEN NAME	108
John Sealock	No Record	
(Vac no or unhown) ((If you give way or dates of comics)	INFDRMANT Address	
No 214-09-7740 Mrs	s Elsie Kump 745 Spruce St	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagerstown Ma.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSEO BY: Carebred Theory	utrois	ONSET AND DEATH
332X DUS TO		11000
DUE 10		1/
conditions, If any, which gave rise to Immediate (b)		years
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
· · · · · · · · · · · · · · · · · · ·		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 10 PLA	ry, street, office bldg., etc.)	(State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	1963 to 6 Del 1960	a, that (I) (we) last
	death occurred at M, from the causes and on the	
22a. SIGNATURE		TE SIGNEO
Jalutikan M.O	ATTENDING MED. STAFF DIRECTOR PHYS. A	7/6/
22c. PHYSIOIAN'S	1 22d, AOORESS	1100
NAME/(Type)		
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OP CREMATORY 1 22d 1 COATION (City, town or con-	nty) (State)
REMOVAL (Specify)		
Purial g-8-55 Hose Hill Ce	metery Hagerstown Wash	Co Nd
24. FUNERAL DIRECTOR Hagerstown Ind Adoress		
Andrew K. Coffman Funeral Home I	no JAFFR 1 1 1956 Milande	, Judal

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Dege 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02886 19917

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, II Institution: Real a. STATE b. COUNTY	esidence before admission)		
Washington MARYLAND	Pa. Fr	anklin		
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)		
Hagerstown 1 Day	Waynesboro Pa.	15-3		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
Washington County Hospital	23 Barnett Ave.	YES ND		
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year		
(Type or print) Lulu Corbett D	ec. Ker DEATH Feb.	11 19 66		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER: last birthday) Months	Days Hours Min.		
Female White WIDOWED DIVORCED	5/7/1877 88 yrs. Months	Days Hours Milli.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE Wale	CO	TIZEN OF WHAT		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Peter Corbett	Christina Waugaman	-1		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address _	0 + + A		
(Yes, no, or unkown) (If yes give war or dates of service)	Mr. Cyrus M. Corbett, Waynesbor	ett Ave.		
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1	,	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	1= Sei a	ONSET AND DEATH		
IMMEDIATE CAUSE (a) I al honary	- ou ma	100ccv s		
Conditions, If any, which) DUE ID Congestive heart Friling days				
gave rise to Immediate	7,70000			
cause (a), stating the DUE TO ANTENIOSC levo	Tic Heart disease	years		
		19. WAS AUTOPSY		
CAT		PERFORMED?		
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)			
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
- foot	ACE OF INJURY (Home, farm, 20f. (City or town) (Coulors, street, office bldg., etc.)	nty) (State)		
Hour a.m. p.m. 19 While at work at work	ory, sureet, onice plag., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	teb 10, 1966 to Lep 11, 196	L that (I) (we) last		
	t death occurred at 7 PM, from the causes and on the	March 4114 411 11101 1-00		
22a. SIGNATURE		TE SIGNED		
Grandy Lenen M.	D. ATTENDING MED. STAFF DIRECTOR PHYS. 2-	12-66		
22C. PHYSICIAN'S	22d. ADDRESS-			
hardes C. Spencer	193 J. Mospect 1			
23a. BURIAL, CREMATION, 23%. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)		
Burial 2/11/66 Burns Hil	1 Waynesboro, Fran	klin Co., Pa.		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SSIGNATURE		
Waller of Frank, Waynesboro P.	a. DATE EB 16 1966 golvand	es judge		

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TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Williamsport R#1 83 Yrs	Weller and Duran and Duran 11-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Williamsport R # 1 // -/ d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
Dellinger Boad	Dellinger Road YES NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
	LINGER DEATH Febr 2 1966 19
5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED K DIVORCED	Aug 29 1882 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife Own Home	Downsville Wash Co Md USA
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME A
Lewis Rhodes	Carrello Warrellow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17	Sarah Forthman INFORMANT Address D # 3 No.
(Yes, no, or unkown) (If yes give war or dates of service)	R. # 1 Md.
	wis H. Dellinger Williamsport
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	tenoring Coll 10 Jun 31-1966
DUE TO CONT	
Conditions, If any, which (b)	Adura
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
L	PERFORMED? YES NO NO
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
G DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	13/- , 1966, to 366 2 , 1966, that (1) (we) last
	t death occurred at 40 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Judny Wulnelen M.D	ATTENDING MED. STAFF DIRECTOR PHYS. 2-4-66
NAME (Type)	22d. ADDRESS TUMESKOWN M.)
2 DAEN OVEN SIEIN	To me show h
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 2/5/66 Lutheren Ce	emetery Bakersville Wash Co Md
24. FUNERAL DIRECTOR Hagerstown ADDRESS Ind.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Andrew K. Coffman Funeral Home In	no DATE B 8 1968 Peliantes Judge
	I DATE

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funeral 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathy

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

DEFENSE DISCRASE (1) DEFINITION OF PART IN COUNTRY OF THE COUNTRY		U63U3	OLKIIIIOAII	L OI DEAIL		UZNAN
MASTINGTON D. CITY OF TOWN (If outside Corporate limits, or Length of STAT IN 1D WITH RURAL and give nearest town) HACERSTOWN d. NAME OF HOSPITAL BY THE PROPERTY OF THE P	1.					
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HACEPRSTOWN HACEPRSTOWN HACEPRSTOWN HACEPRSTOWN HACEPRSTOWN HACEPRSTOWN HACEPRSTOWN J. STREET ADDRESS J. STREET			MARYLAND			
d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital), give street address) d. STREET ADDRESS d. STREET ADDRESS A. DATE MORTH DAY YES NO		b. CITY OR TOWN (if outside corporate limits.				
d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL ANAME OF MOSPITAL OF FIRST Middle Last Last Last Last DEATH FERMINGTON ST. NO S. SEX BEDMOND S. ACE (In peas) IPONOER IVERN INFORMATION OF PEATH FERMINGTON OF ARMIT OF ARMIT FERMINGTON OF ARMIT OF ARMIT OF ARMIT OF ARMIT FERMINGTON OF ARMIT OF ARM			8 MONTHS	HAGERS	STOWN	21-1
MASHINGTON COUNTY HOSPITAL AMA		d. NAME OF HOSPITAL OR INSTITUTION (if not I	n hospital, give street address)			e. IS RESIDENCE
3. AMRE OF DECRASE (Type or print) DECRASE (T		WASHINGTON COUNTY	HOS DITAL	lile 7 W	WACHTNOTON C	
DECEASED (1799 or print) SEX	3.			TT/ No.		
S. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. DATE OF B		DECEASED (Type of print)			DF	
TERM IF WHITE WINDOWED DIVORCED 12/21/1921	5.	OFY COLOR OF THE			19 ACF (In years !	FUNDER 1 YEAR IF UNDER 24 HRS
12. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT UNITS WITH HOUSEW IF E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MOTHER'S MAIDEN NAME 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S MAIDEN NAME 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S MAIDEN NAME 18. MOTHER'S MAIDEN NAME 19. WAS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. WAS AUTOPSY PERFORMEN; NO. 19. WAS AUTOPSY PE		7. manti	MEASU MANKIED		last birthday)	Months Days Hours Min.
HOUSEW IFE HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. A RIMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: 10. Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN PART I (c) 19. WAS AUTOPSY YES NO. 20. CACCIDENT WAS UNDERLYING OF DEATH (IF ITHER NOT IN INTERVAL BETWEEN CAUSE) AND CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN PART I (c) PREPRORMED; YES NO. 20. CACCIDENT WAS UNDERLYING OF DEATH (IF ITHER NOT IN INTERVAL BETWEEN CAUSE) AND CONTRIBUTING COURSE OF DEATH (IF ITHER NOT IFF) MEDICAL EXAMINER) 20. THE OF INJURY Month, Day, Year Hour a.m. 19 at work	100	B R MIN THE TANK THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN				L 10 OITIZEN OF WILLY
13. FATHER'S NAME JOSEPH H. F. MARTIN 15. WAS DECEASED EVER INUS. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NADENE GRAIL BALTIMORE MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (a) DUE TO Conditions, If any, which (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION CIVEN/RIPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL	dur	Ing most of working life, even if retired)	INDUSTRY	II. BIRI HPLACE (C	county & State, or foreign country)	COUNTRY?
JOSEPH H. F. MARTIN VIRGIE B. ALEXANDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NADENE GRAIL BALTIMORE MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN NPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN NPART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (Tro-Last Saw the deceased alive on 19 that work at work 22a. SIGNATURE M.D. PHYS. DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25c. REGISTRAR'S SIGNATURE		HOUSEWIFE	HOME	MARY	LAND	U.S.A.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Washington MARYLAND	a. STATE Maryland Washington				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
nagerstown 25 irs	Hagerstown 2/-/				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
1028 Potomac Ave	1028 Potomac Ave				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
- (Type or print) HANNA LYON EINBIND	ER DEATH Feby 8 1966 19				
7. WANTED THEY HANTED	B. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
Female White WIDOWED DIVORCED	Sept 16 1883 83 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Hagerstown Wash Co Md. COUNTRY?				
Housewife Own Home	Hagerstown Wash Co Md. USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Loses Lyon	Rosa Nachimson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address				
	ving M. Einbinder 42 No Jonathan				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagerstown Id I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ome of Storiach 2-3 years				
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Hour a.m. p.m. 19 While at work at work	y, succet, office bidge, etc., j				
21. I certify that (I) (this hospital) attended the deceased from 9	-9-58, 19 to 2-8, 1966, that (1) (mas) last				
	death occurred at M, from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE SICNED				
McClon M. CUIITA M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 2- 8-66				
206. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
Dalton M. Welty, M.D.	998 Potomac Ave., Hagerstown, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY					
Burial 2-9-66 B'Nai Abraha	Gemetery Halfway Wash Co Ma				
24. FUNERAL DIRECTOR Hagerstown ADDRESS Ind	24. FUNERAL DIRECTOR Hagers town ADDRESS 12 125d. RECISTRAR'S SICNATURE				
Andrew K. Coffman Funeral Home In	C DATEEB 14 1968 Icharles Judge				

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02911		CERTIFICATE	OF DEATH		02890
1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND		Where deceased lived, if institution yland.	
b. CITY OR TOWN (If autside write RUPAL and give to the wr	corporate limits, arest town)	c. LENGTH OF STAY IN 1b 68 years		rside corporate limits, write RURA	L ond give nearest tawn)
d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS 120 B	ower Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) BE	SSIE First	LENA EVERHA	RT	4. DATE Month OF Februar	y 22 Doy Year
	ite WIDOV	THE VERY MANAGED	B. DATE OF BIRTH larch 2, 1	9. AGE (In years birthday) yrs.	Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind working the every HOUSE WII		b. KIND OF BUSINESS OR INDUSTRY Home	Page, C	& State, or foreign country) • Va •	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George L	ouderbach		14. MOTHER'S MAIDEN Mary	NAME unknown	
15. WAS DECEASED EVER IN U.S. (Yes, no grunknown) (If yes g	ARMED FORCES? ve war ar dotes of service)		nformant . Edward	Pearman Ha	gerstown, Md.
Canditions, if any, which is to immediate cause stating the underlying colors. PART II OTHER SIGNIFICAL	MEDIATE CAUSE (a) DUE TO (b) Ouse Out TO (c)	Collino Collin	THE TERMINAL DISEASE CO.	Cliffic GIVEN IN PART 1(a)	INTERVAL BEAVEEN ONE AND DOOL 2 50 19 WAS AUTOPSY
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	YING ☐ 20! E OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.			Cres □ NO □
20c. TIME OF INJURY Mon Haur o.m. p.m.	nth, Doy, Year 20		CE OF INJURY (Home, formary, street, effice bidg., etc.		(Stote)
21. I certify that saw the decease 220. SIGNATURE		200	t death accurred at	MED. STAFF	nd an the date stated above
22c. PHYSICIAN'S NAME (Type)	J. H. C.	3eachte)	22d. ADDRES9	DIRECTOR PHYS.	, No
23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	23b. DATE THEREOF 2-24-66	Rose Hill C	emetery	Hagerstow	
24. FUNERAL DIRECTOR	nnich & S	ADDRESS			iantes Signature

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbore carbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and if the ent, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

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	MAKILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLANI
00010	CERTIFICATE OF BEATH	0000

- ONO IN	I OI DEATH	(Cont 1) a)
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
a. COUNTY WASHINGTON MARYLAND	a. STATE DEPARTMENT A D. COUNTY	ANIETTM
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		and give nearest town)
write RURAL and give nearest town)	C. CITT OR TOWN (II outside corporate limits, write noune	and give mearest towny
HAGERSTOWN UNKNOWN	CHAMBERSBURG /	5 - 5
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
CLEARVIEW NURSING HOME	937 WILSON AVE.	YES NO X
	Last 4. DATE Month	Day Year
DECEASED	DF	
(Type or print) CHARLES EUGENE	FISLER DEATH FEBRUARY	4 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months I	
MALE WHITE WIDOWED DIVORCED	SEPT. 2. 1875 90 yrs.	Days Hours Imm.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
during most of working life, even if retired) TIMEKEEPER INDUSTRY MANUF. CO.		DUNTRY?
TIMEKEEPER MANUF. CO.	FRANKLIN CO PENNA 1	J.S.A.
13. TATILA S NAME	14. MOTHER S MAIDEN NAME	
DAVID B. FISLER	REBECCA GROVE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) ((If yes give war or dates of service)	. INFORMANT CHAPPERS BU	URG, PENNA.
	JAMES FISLER. 50 CONNER AVE.	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	VALUE PRODUCT TO CONTRACT RVD.	I INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	1/ +	ONSET AND DEATH
IMMEDIATE CAUSE (a) / Legerardial	he free leen	enthall
4 do DUE TO	# 11 +1	mund
Conditions, If any, which) (b) Chelle School	a part passer	genz-
gave rise to immediate DUE TO		/
underlying cause test		
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
Circled activo relivore		PERFORMED?
actual activo Liticone		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE Control Control 2DD. ACCIDENT WAS UNDERLYING 1 2DD. DESCRIBE HOW INJURY OCCUPY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
ZDc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PI	LACE OF INJURY (Home, farm, 2Df. (City or town) (Cou	nty) (State)
While Mot while	ctory, street, office bldg., etc.)	
	The state of the s	
21. I certify that (I) (this hospital) attended the deceased from.		that (I) (we) last
	nat death occurred atM, from the causes and on the	
22a. SIGNATURE	ATTENDANCE AND ATTENDANCE A	ATE SIGNED
(others) Marry M	A.D. ATTENDING MED. STAFF DIRECTOR PHYS. 2/6	5/1966
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) EDSON B. MOODY M.D.	145 S. PROSPECT ST. HAGERS	STOWN
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)
REMOVAL (Specify)		
REMOVAL FEB. 4,1966 NORLAND CEN	METERY CHAMBERS BURG PE	S SIGNATURE
(U) 1/2 C	The second secon	
CHARLES MERUES HAGERSTOWN MARYL	AND DATE D 1 1 1956 Journe	as Judge

HAGERSTOWN, MARYLAND

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

PHYSICIAN'S NAME (Type)

23b.

Funeral

BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR

Rest Haven

H.N. Weeks

23c.

23a.

24.

I	tem 18 Film G374 2/2MARYLAND STATE DE	PARTMENT OF HEALTH	ARYI AND
	02913 CERTIFICAT		112892
1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b	Maryland Wa	shington
	write RURAL and give nearest town) Hogerstown		/ /
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Martin Manor Nursing Home	132 NoLocust St.	ON A FARM?
3.	NAME OF FIRST MIDDLE MI	Last 4. OATE Month	Day Year
5.	(Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1	Glory DEATH Gebruary 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1	9 19 66
	G. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED		Days Hours Min.
10a dur	D. USUAL OCCUPATION (Give kind of work done INDUSTRY) Ing most of working life, even If retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT
13.	Housewife Own Home	Williamsport, Md. US	H
	Alex McKalveu	Mary Singar	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ss, no. or unkown) ((If yes give war or dates of service)	Mary Singer INFORMANT Address Will s. Pauline Wiederhold 18 N. Poto	iamsport, Md.
	No Mr.	s.Pauline Wiederhold 18 N.Poto	mac St.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	10 0	INTERVAL BETWEEN ONSET AND DEATH
	(OO)	nephosething	1acy
	Conditions, If any, which \ (b)	Beis Cours	U
	gave rise to immediate cause (a), stating the DUE TO		
-	underlying cause last. (c)		
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION		JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	-
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m.	CE OF INJURY (Home, farm, 20f. (City or town) (Cour ry, street, office bidg., etc.)	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19	, that (I) (we) last
		t death occurred atM, from the causes and on th	
	22a. SICNATURE A 20 Color M.D	O. PHYS. MED. STAFF PHYS.	TE SICNED
	22c. PHYSICIAN'S	22d. ADDRESS	

NAME OF CEMETERY OR CREMATORY

Rest Haven
ADDRESS

Hagerstown, Md.

580

23d.

Northern Ave.

DATE

Hagerstown Pro BY RECISTRAR | 25b. R

Hagerstown Md.

REGISTRAR'S SICNATURE

(State)

LOCATION (City, town or county)

VR AI5 (4) 20M 1/65

and miles 185 4 FEEL 18 12 11 month 1. • and or some . " all home would be above . say and all the team. The state of the s The state of the s M.A. Jeeks and San Anthony Res. Societions, M. the content bankers are content to W. W. Wint The property of the control of the c FOR STATE HEALTH DEPT.

1.

O DEPUTY MEDISAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 02914 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH ()2893
PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) HAGERSTOWN
d NAME OF HOSPITAL OR INSTITUTION (is not in bountal, she street address)	d STREET ADDRESS

WASHINGTON	a. STATE MARYLAND B. COOKIT WA	SHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL HAGERSTOWN	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in höspital, give street address) D.O.A. WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 230 SUMMIT AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Signature of First Middle MARSHALL	FORD 4. DATE Month OF DEATH FEBRUARY	Day Year 18, 19 66
7. MARRIED A HEYER MARRIED	JANUARI 7, 1094 72 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYEED 10b. KIND OF BUSINESS OR INDUSTRY PAINTING CONTRACT.	CO	TIZEN OF WHAT UNITRY? USA
13. FATHER'S NAME WILLIAM M. FORD	14. MOTHER'S MAIDEN NAME LAURA BERRY	
(Yes, no, or unknown) (If yes nive war or dates of service)	INFORMANT HACTERSTOWN, s. JOSEPH M. FORD - 230 SUMMIT	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embo	lus	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) Phlebitis of the	he leg	Sev. mos
couse (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Arteriosclerotic heart disease		YES NO (
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	
	ry, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, heldeath resulted from Natural causes , Accident , Suid	icide , Homicide , Undetermined manner	and in my opinion Compared to the second of
EXAMINER'S HOWARD N. WEEKS, M.D.	DEPUTY MEDICAL EXAMINER 580 NORT	HERN AVE.
	L CEMETERY HAGERSTOWN, MA	RYLAND
24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER - HAGERSTOWN, MARYL	AND DATE B 24 1966 fliarly	s signature

VR ALSME AE (5) 1/65 2

TO DEPUTY MEDIA

LA LIVE TERREST AND LEGISLES OF THE WAR AND SERVICE WAS ALL ALCOHOL: PARTIE OF THE STATE OF THE S THE SHE OF THE PROPERTY OF THE STAND - UNITED BY THE PARTY OF THE PART STATISTICS OF THE STATISTICS . . . 216124-1770 Mrs. Justifier, Reb - 470 SWIEL NYS. TOM . V A secretarion of the contract of the second The Marine ARVIN BREHINGH TOR THE PRODUCT OF BRIDGE AND ASSESSED. BY TANK THE PARTY OF THE PARTY. THE TRUE WAS COLUMN TO SEE THE TRUE OF THE PARTY OF THE P

CHARLES W. BOAZES - HYGEREM WESTERN

Kecuted within 24 hours after death.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION 02915

1	1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND				Where deceased lived, If institute RYLAND b. COUNTY	ion: Residence before admission) WASHINGTON
	b. CITY OR TOWN (if outs HAGERS TOWN	ide corporate limits, nearest town)	c. LENGTH OF STAY IN 1b	11	side corporate ilmits, write R RSTOWN	RURAL and give nearest town)
0		DD DRIVE	ospital, give street address	d. STREET ADDRESS 407 SHERW	WOOD DRIVE	e. IS RESIDENCE ON A FARM3 YES NO
	3. NAME DF DECEASED (Type or print)	ADAH First	RACHAEL	FRICK 4.	DATE Month OF DEATH FEBRUA	ARY 12 19 66
	5. SEX 6. COLO	R OR RACE 7. MARRIED WIDOWED	NEVER MARRIEO DIVORCED DIVORCED	8. OATE OF BIRTH 4/28/1877	7 last bighday) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
	10a. USUAL OCCUPATION (Give during most of working life a HOUSEW IF	kind of work done 10b. K yen if retired)	IND OF BUSINESS OR NOUSTRY HOME	PENNSYI	Activities and the second second	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME HENRY J. I	INTINGER	8 4 6	14. MOTHER'S MAIDEN ELIZABETH	NAME H WASHBURNE	
	15. WAS DECEASED EVER IN U. (Yes, no. or unkown) (If yes give	S. ARMED FORCES? 16.		INFORMANT R. ROBERT C.		ERSTOWN MD.
	PART I. OEATH WAS	DUE TO (b)	ine for (a), (b), and (c).] ngerhive furval	- Kent entre De	fulur or Deser	INTERVAL BETWEEN ONSET AND DEATH
	cause (a), stating the underlying cause last.			dartins	selem	ilista
	PARTII. OTHER SIGNIFICA 20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MED	NT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	11(a) 19. WAS AUTOPSY PERFORMEO? YES NO L
	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MED	ERLYING 20b. (USE OF OEATH ICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URREO. (Enter nature of Inj	ury In Part I or Part II of Ite	m 18.)
	Hour a.m.	Month, Day, Year 20d. II While 19 at work	MOL MILLS L-	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from Oct (, 1957, to Dec. / 2 , 1966, that (I) (we) last saw the deceased alive on Deceased al					
1	22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Payle.	2	ATTENOING - MED	22	b. OATE SIGNED
	REMOVAL (Specify)	2/15/66	221, 25 01.	CEM.	FORTY FORT	PENNA.
	24. FUNERAL DIRECTOR	A 11	ADDRESS	25a. REC'O		TRAR'S SIGNATURE

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	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
02916	CERTIFICATE OF DEATH	02895

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.	DIR
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Pag	dire
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1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
a. COUNTY Washington MARYLAND	2. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
Hagerstown 35 urs	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ss) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
Western Maryland State Hospital	411 Elizabeth Ave. YES NO P
3. NAME OF First Middle	Last 4. DATE Month Day Year
	COMMER DEATH FEB. 6, 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI last birthday) Months Days Hours Mir
Jemale White WIDOWED DIVORCED	llllg. 1, 1884 8/ yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mand. Hotel	Bald Eagle, Penna. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin McClain	Ella A.Dunlap
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) No. 214-09-3835	r. R.W. Hammer 411 Elizabeth Ave, Hagerstown,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: LOB	CULAR PHEUMONIA ONSET AND DEATH
4500 DUE TO	
Conditions, If any, which (b) CENERAL	IZED ARTERIOSCLEPOYS YEARS
gave rise to immediate (
cause (a), stating the underlying cause last.	
	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
WEER! A	PERFORMED?
20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work at work	actory, street, office bldg., etc.)
21. I certify that (i) (this hespital) attended the deceased from	march 4 1963, to FEB. 6, 1966, that (1) (we) la
saw the deceased alive on FED. 6 1966, and	that death occurred at M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
(Ken a Danner	M.D. ATTENDING MED. MED. STAFF PHYS. 2 - 7-,66
22c. PHYSICIAN'S	22d. ADDRESS (Western md. State Hospital
NAME (Type) EFREM Ramirez	itagers tour ind,
	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 2/9/66 Rest Have	n Cemetery Hagerstown Md
24. FUNERAL DIRECTOR 4 1 4 C ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Rest Haven Funeral Chapel Hagerstow	n, Md. DATE B 8 1956 Blianles Outse

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The state of the s employed and the second moteon and and seath on the seath seather the Violet Bells Hermmers. Feb. 6, La part land the second wie con a control of the control ordead Walle Standard to the court of the court of the court of COBUCAR PHEURONOM / WAR CHARGALTERD ARTHURS CLESTON GARDS - 11 5 65 6 1 4 March 4 619 5 65 6 11 more and some majories PERRINE Ramines PROBLET WILLY FORK ! We Collect - Charach Lesking 22 talks 108

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 02917 CERTIFICATE OF DEATH				MORE 1, MARY	
1.	PLACE OF DEATH e. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, i a. STATE Pa. b. C	f institution: Residence COUNTY Frank
	b. CITY OR TOWN (if o write RURAL and g Hager st	utside corporate limits, ive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits Waynesboro	, write RURAL and g

e before admission) lin ive nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 715 Fairview Ave. Washington County Hospital NO X YES 3. NAME OF DATE First Middle Last Month Year DECEASED 66 E (Type or print) AKP DEATH 19 AGE (In years | IF UNDER 1 YEAR OF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED 1885 White Male WIDOWED X August DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Bangor Pa. Sunt. of Landis Mach. Machine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Wamsher Harry Harper 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Wayneabsto Mrs. Thomas, 18. CAUSE OF DEATH [Enter only one cause per line for (a) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. , (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work 19 at work p.m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on that death occurred at the from the causes and on the date stated above. 22a. SIGNATURE M.D. PHYS DIRECTOR PHYS. PHYSICIAN'S' NAME (Type) ADDRESS 22d. BURIAL, CREMATION, 23b.

DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City/town

(State) Waynesboro, Franklin Co REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURI

Buria FUNERAL DIRECTOR

REMOVAL (Specify)

Waynesboro

funeral after death and deat and in any event, within 72 hours after the by the Pages hours filled in papers. within completely carbon executed remove and certificate remova attending 0 death cremation, the been signed by the the burial-transit in or to burial, cremati The law requires that the be retained by the hospital or attending physician. as the prior to certificate has detached for use e Dept. of Health PHYSICIAN: be detached State Dept. of After this 3 should with the TO FUNERAL DIRECTOR: director, page 3 should be filed v Page 4 may

VR A.15 (4) 2DM 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then event, within 72 hours after death.

VR AI5 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH

	MARTINE OTATE DEL ARTIMENT OT TIERETTI	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
02918	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	02897

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WA	ASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
724 POTOMAC AVENUE	724 POTOMAC AVENUE	ON A FARM? YES NO A
3. NAME DF First Middle	Last 4. DATE Month	Day Year
(Type or print) CLARA ELIZABETH	HARTLE DEATH FEBRUARY	20 1966
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	NOV. 27, 1896 69 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HAND SEWER 13. FATHER'S NAME	COL	IZEN OF WHAT UNTRY?
JOHN L. DUTROW	MARY E. BUSSARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 1.17	INFORMANT HAGERSTOWN	N. MD.
(Yes, no, or unkown) (If yes give war or dates of service)	OHN A. HARTLE 633 S. POTOMAC ST	*
NO	MIN A. HARTIES OJJ S. TOTORAC SI	INTERVAL BETWEEN
	and district as	ONSET AND DEATH
IMMEDIATE CAUSE (a) Co Co Scarring / ac	Luxelensis	1100
Conditions, If any, which	Luxelervai	
cause (a), stating the DUE TD underlying cause last.		
(0)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTI	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
Hour a.m. While Not While facto	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
	1950 to 20 Feb. 196	La that (I) (was last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 1966, and that	t death occurred at // 3 M from the causes and on the	
22a. SIGNATURE	I gab DA	TE SIGNED
Dulilson M.D	D. ATTENDING MED. STAFF 2/22, DA PHYS. DIRECTOR PHYS. 2/22	/1966
NAME (Type) J.D. WILSON M.D.	22d. ADDRESS 580 NORTHERN AVE. HAGERSTOWN	N. MD.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
BURIAL FEBRUARY 23,1966 ROSE HILL	CEMETERY HAGERSTOWN. MARY	YLIND
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
Gallo Maryis HAGERSTOWN, MARYI	AND DATEEB 24 1966 School	es Judas
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF OF THE CERTIFICATE OF DEATH AND THE CERTIFICATE OF TH

\		en a 2 Vis	ham but went	.VIVa.	18000
1.	PLACE DF DEATH a. COUNTY	11 9	2. USUAL RESIDENCE (W	here deceased lived, If Institution;	Residence before admission)
	MASHING-FUNI	MARYLAND	a. STATE	b. county	Vach. V
	b. CITY DR TOWN (if outside corporate Ilmits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs)	de corporate limits, write RUR	AL and give nearest town)
14	write RURAL and give nearest town)	10+f	24	escrotioner ?	1-1
1-1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	Discours of	e. IS RESIDENCE
	WASHINGTON Cou	nty.	229 8.6	Trospect St.	DN A FARM? YES NO P
3.	NAME DE TWIN IL PAUL (Type or print)	Middle H F	UVER 4.	DATE Month OF DEATH Fel	Day Year /9 1966
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
	M WIDOWE	D DIVORCED	Feb-18, 1966	last birthday) Months	Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County		CITIZEN OF WHAT
aur	ing most of working life, even If retired)	INDUSTRY			COUNTRY?
13.	FATHER'S NAME	55.	14. MOTHER'S MAIDEN N	AME	~ 1 11
R	ICHARD. A. HAUV	tRyc)	KITTY-	TSCHIFF.	FLY
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16	6. SOCIAL SECURITY ND. 17.	INFORMANT	Address	
1,	10	- Ric	hard A. Haus	ver. Jr. Thur	mon t. MI
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	4	1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	reginition of	11/1/12 A	> (ievery)	DNSET AND DEATH
1	7625 IMMEDIATE CAUSE (a)	2 Propagation of	- 1-AN 13 G	8 11	10/0000
ы	Conditions, If any, which	4.404	Into all	- Ithe Steves	n
	gave rise to immediate	conseq many	were syranin	of district	4
	cause (a), stating the DUE TO	/		V	
Z	underlying cause last. (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIL	DUTING TO DESTU DUT NOT OF LA	TED TO THE TEDAUNAL DIOLA	OF CONDITION OF YEAR IN DART IV	a) 19. WAS AUTOPSY
181	PARTITION CONTINUES CONTRI	A POLING TO DEATH BUT NOT KELA	TED TO THE LERWINAL DISCAS	25 COMPILION GLACIA IN LAWLET	PERFORMED?
15	wen verrale				YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injur	ry In Part I or Part II of Item	18.)
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (C	county) (State)
MEDICAL	Hour a.m. While p.m. 19 at wo	e Not while	ry, street, office bldg., etc.)		
Σ	21. I certify that (I) (this hesoltal) atten		2/18/ 1966	to 2/19/10	66 that (I) (we) last
		1 1 1 / 1 /	4.510.0	M, from the causes and pr	
	saw the deceased alive on	13 Com, and that	death occurred at		DATE SIGNED
	The Marie		ATTENDING MED.	STAFF - 7	120/66
	22c. PHYSICIAN'S	M.D	. PHYS. DIRECT	CTOR PHYS.	= h h
	NAME (Type)	con Jr.	101 King	Il Ha milaco	n Med
23a		23c. NAME OF CEMETERY	OD COEMATORY 1 2	3d. LOCATION (City, town or	
238	REMDVAL (Specify)	250. NAME OF CEMETERY	ON ONEWINIONI		county) (state)
24	Burial Feb. 2T.6	Mt Mori	ah Com prop 8	Y REGISTRAR 25b. REGISTRA	ARS SIGNATURE Md
12	ONEMAL DIRECTOR	Thurmont	Ma FEB	23 1966 100a	
10	ignoone collage	THU.THOULU	DATE	o loop	0 0
1	16-162426				

TO FUREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove can papers. Pages I and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 5 (4) 1/65 VR AI5 20M

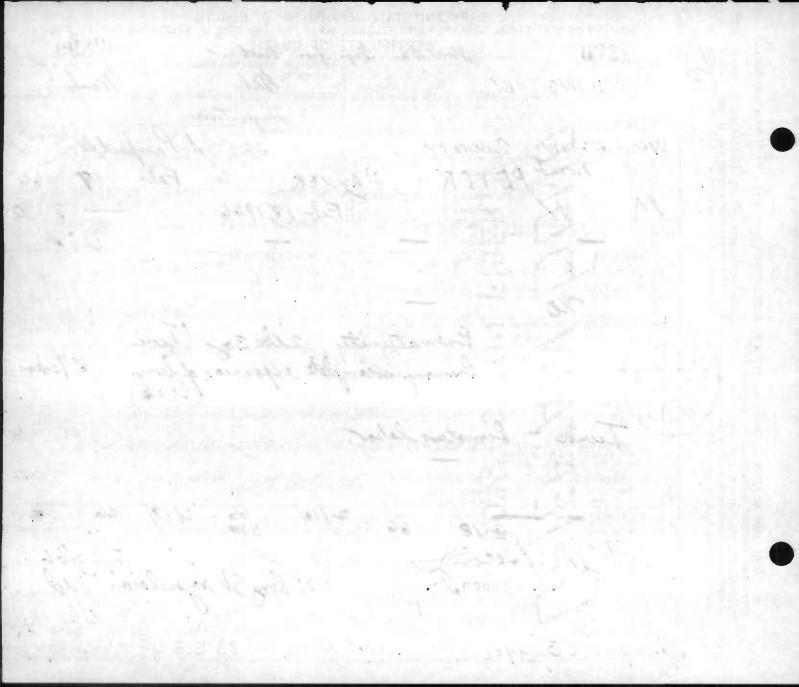
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> VR AIS (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
02020	Me CERTIFICATE OF DEATH	02899
OF DE SCATU		1 111 11 B 11 1

Them it 2	Land Parth cut		
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)		
NASHING-TON/ MARYLAND	a. STATE Md. b. COUNTY Wash.		
b. CITY OR TOWN (if outside corporate limits, yrite RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)		
HACERS TOWN 82h	Hagerstoron 21-1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?		
WASHINGTON COUNTY	229 S. Truspect PLYES \(NO \(\overline{\overline{\text{NO}}} \)		
3. NAME DF DECEASED (Type or print) FUND PL TER Middle	Last 4. DATE Month Day Year DF DEATH Feb 1966		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.		
WIDOWED DIVORCED	Feb 18,1966 yrs. 30		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
12 FATHEDIO MANE	U.S.A.		
RICHARD, A. HAVVER Ju	14. MOTHER'S MAIDEN NAME KITTY TSCHIFFELY		
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown) (If you give war or dates of service)	chard A Haurer Thurmont Md		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primaturet	4 2lbs 30 (wen)		
7625 DUE TO 0 .	101 0 0 011		
Conditions, If any, which gave rise to Immediate (b)	iplett expension of lierge 8 1 chrs		
cause (a), stating the DUE TD	(Seven)		
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY		
TANK III. OTHER STORIET CONTINUOUS CONTINUOUTING TO DESIGN BUT NOT KEE	PERFORMED?		
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)		
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) bry, street, office bldg., etc.)		
P.m. 19 While at work at work			
21. I certify that (I) (this hospital) attended the deceased from	2/18/ , 1966, to 2/19/ , 1966, that (1) (m) last		
	t death occurred at 11.30fM, from the causes and on the date stated above.		
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED		
22c. PHYSICIAN'S M.			
NAME (Type) A.M. Bacon Fr.	101 King St Hogenstown Wed		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d LOCATION (City, town or county) (State)		
24- FUNERAL DIRECTOR (ADDRESS)	2 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE		
124, FUNERAL DIRECTOR JADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
agriculta Compet Strong Color	DATE - DO TOOK		
1624711			



Undetermined manner 22. DATE SIGNED Address (Street, city, town, or county Hagerstown, Md. 23d. LOCATION (City, town or county) Hagerstown Mda REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Rest Haven Tuneral Hagerstown Md.

Washington

12. CITIZEN OF WHAT

COUNTRY?

USA

e. IS RESIDENCE

YES Year

ON A FARM?

19 66

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

and in my opinion

NO T

Instant

YES

NO X

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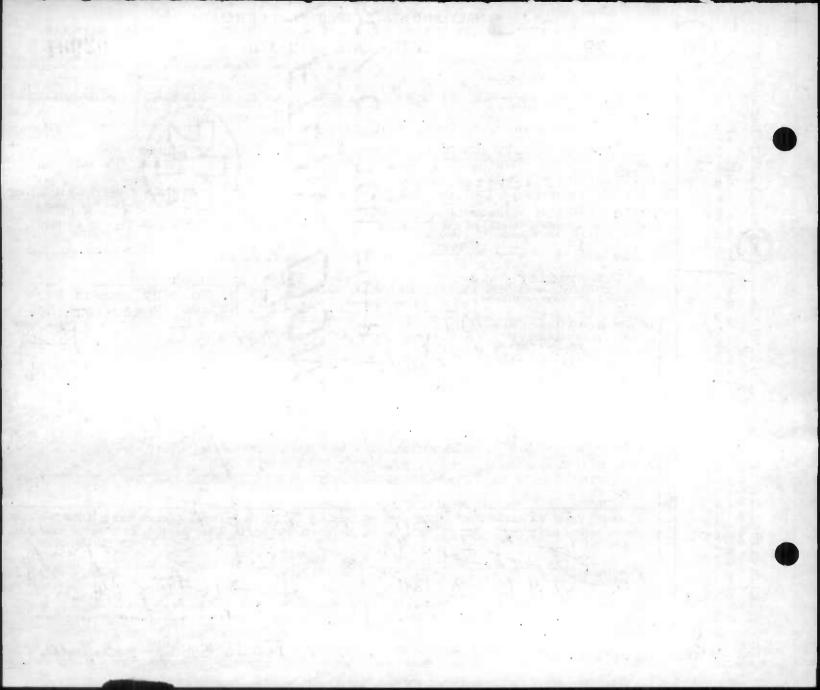
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deadt. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifida Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1292 CERTIFICATE OF DEATH

A:					
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY			
	Washington MARYLAND	Maryland Weshington			
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
1	Hagerstown D.O.A	Hagers own			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?			
1	Washington County Hospital	27 N. Foundry Street YES NO N			
	3. NAME OF First Middle	Last 4. DATE Month Day Year			
1	OECEASED (Type or print) Charlotte May	Henson Death Feb. 22 1966			
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	Remale White WIDOWED DIVORCED	Feb. 11 1901 65 yrs. 0 9 Hours Min.			
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	House 191d Hones	Maryland ILS A			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Alex Bradley Nave	Ella May Teach			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 27 N. Found Address Street			
	(Yes, no, or unkown) (ff yes give war or dates of service) 216 22 7516 III	r. Richard Henson Hagerstown Md.			
	18. CAUSE OF DEATH [Enter only one cause polling for (a), (b), and (c).]	I INTERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY:	Cal Dear Clive ONSEVAND DEATH			
	IMMEDIATE CAUSE (a)	2001 0			
	Conditions, If any, which	-XCVORPUN STURN			
	gave rise to immediate	N/ N/			
	cause (a), stating the	Ch ()			
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 139. WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)			
	f and the second				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20c.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
	Hour a.m. p.m. 19 While Not While at work at work	X 11 11 11			
	21. I certify that (I) (this hospital) attended the deceased from	File 19 to Tele 2 2, 19 (4, that (1) (we) last			
		t death occurred at M, from the causes and on the date stated above.			
	22a. SIGNATURE 22b. DATE SIGNED				
	A December 1				
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRISS			
	1. V. A Deacking	Heggy Wy My			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23h. LOCATION (City, town or county) (State)				
	Burial Heb. 20-00 Riverviel C				
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
6	Albert L. Leaf Williamsport Mary	land of B 28 1956 Charles Judge			



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02923 CERTIFICATE OF DEATH 02902

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Washington MARYLAND	a STATE b. COUNTY Washington				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Hagerstown 2 Weeks	Hagerstown 2/-/				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS I O. IS RESIDENCE				
Washington County Hospital	343 Central Ave				
3. NAME DF First Middle	Last 4. DATE Month Day Year				
(Type or print) Early Russell	Hicks DF Feb. 27, 1966 19				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF RIRTH 19 ACF (In years LIFTINDER 1 YEAR ITTINDER 24 HRS				
Male White WIDOWED DIVORCED	Feb. 15, 1893 74 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired) INDUSTRY Retired	Hicksville Md COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Rev. Cadmus M. Hicks	Mary Dennis				
15. WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17	INFORMANT				
Yes (If yes give war or dates of service)	rs Agnes GearhartHagerstown, Md				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	nh I wh				
260X DUETO)	()/ sometimes ()				
Conditions, if any, which gave rise to Immediate (b)	200 HOUNT 1000 2913.				
cause (a), stating the DUE TO	IN - MALA: Due				
underlying cause last. (c)	W ASS JIWWW S				
PARTII. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
= Obesum - Courses du	Jest o Januar - YES I NO [
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part or Part of Item 18.)				
19 Hand Santo	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)				
P.m. 19 While at work at work	, , , , , , , , , , , , , , , , , , , ,				
21. I certify that (I) (this hospital) attended the deceased from march, 19/11, to 0-1/2, 19/6/6, that (I) (we) last					
22a. SIGNATURE	1 22b DATE SIGNED				
M.D. ATTENDING MED STAFF 3-2-66					
NAME (Type) Tohn C. Monton M. D.	22d. ADDRESS				
NAME (Type) John C. Morton, M. D. Hagerstown, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial March 2,1966 Dunkard Cemetery Broadfording Md					
24. FUNERAL DIRECTOR ADDRESS					
Andrew K. Coffman Funeral Home Inc. 10 East Antietan St. Hagerstown Rd.	Pate R 4 1966 Clearley Judge				

And the second second second second THE RESERVED AND ADDRESS. AND THE RESERVE OF THE PARTY OF , A CONTRACTOR OF THE PARTY OF TH and the state of t The state of the s

VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02924			CERTI	FICAT	TE OF DEAT	H		12904
1. PLACE OF DEAT •. COUNTY Wash	ington		MARS	LAND	o. STATE Marylar	CE (Where decessed lived, If b. COUNTY)		
			30yrs	AY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Hagerstown Maryland 2/-/			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)				ress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
3. NAME OF DECEASED	ton Count	y Hos	pital Middle		3173 N	4. DATE Mont	reet	YES NO Year
(Type or print) 5. SEX	Frances		Alice	1 0 D	Keats DATE OF BIRTH	P. AGE (In years	4	19 66
Female	6. COLOR OR RACE	7. MARRIE		70	ec 12 1913	last birthdey) 52 yrs.	Months Deys	Hours Min.
done during most of w	TION (Give kind of wor working life, even if retire	ad)	IND OF BUSINESS O	R INDUSTRY		ty & State, or foreign country)	12. CITIZEN USA	OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							0.044	
Roy Keats Lottie E. Keats								
	VER IN U.S. ARMED FO		SOCIAL SECURITY	10. 17. 1	NFORMANT	Address		
no		21	4-16-086	57 Mr	s. Edward	Brown 308 N		
	DEATH [Enter only one TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	n1	omus	000	Parlino	natoses		NTERVAL BETWEEN ONSET AND DEATH
199	2 DUE TO	6	11.	1	aleterin			
Conditions, if an	diete ceuse	96	ague	Unn	www.m	my.		
(e), steting the								
	ER SIGNIFICANT COND		NTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER		SCRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Pert I or Pert II of item 18.)		
20c. TIME OF INJ Hour e.m.		while			CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County)	(Stete)
	that (I) (this hosp					15M, from the causes		that (1) (we) last ate stated above.
22e. SIGNATURE	eval Es	Ma	the	. м.	DULYC D	AED. STAFF	121	7/6 SIGNED
22c. PHYSICIAN'.	e)	artin	M.D.		Charles and the same	Potomac St. Ha	aerstown	Md
23a. BURIAL, CREMA	TION, 236. DATE THE		23c. NAME OF	EMETERY C		23d. LOCATION (City, to		(State)
Burial (Specif	2-8-1	966	Rose Hi	Ll Ce	metery	Hagerstown	Md.	
24 FUNERAL DIRECTO	OR'S SIGNATURE	15	ADDRESS		25a, REC	'D BY REGISTRAR 25b. RE		
John Ru	lation on	. Nac	entour	md	. DATE D	9 1966	relen !	udar

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		02926		Single	CERTIFICATI	OF DEATH		0%	2906
		PLACE OF DEATH o. COUNTY Was	hington		MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institut b. COUN	ITY	ngton
		b. CITY OR TOWN (If outside	e carparate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carporote limits, write RUF		
		Rural Ha			25 years	Rura1	Hagerston	vn 21	-/
		d. NAME OF HOSPITAL OR IN		aspitol, g	ive street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
0		R. F.	D. #	1		R. F.	D. # 1		YES NOX X
		NAME OF DECEASED (Type or print) NAO	MIA First	E	Middle LIZABETH	KLINE	4. DATE Mont OF DEATH Februar	су 5	19 66
	S. :			ARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years Last birthdoy)	Months Doys	
				DOWED		ug. 2, 19	01 64 yrs.		
		. USUAL OCCUPATION (Give king mast of working life ever			OUSTRY Home	· ·	& Stote, or foreign country)	12. CITIZEN (COUNTRY	
	13.	FATHER'S NAME		116		14. MOTHER'S MAIDEN	NAME		
		Will Wi	lliams			Anna	Witmer		
	IS. (Ye	WAS DECEASED EVER IN U.S. is, ao, or unknown) (If yes g	ARMED FORCES? ive wor or dotes of servi	16. S		INFORMANT	Kline Hag.		. 1
		Conditions, if any, which a rise to immediate couse stating the underlying colost. PART II. OTHER SIGNIFICAN	(a), DUE TO (c)	M BUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)		P. WAS AUTOPSY
0	ATION								PERFORMED? YES NO NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERI OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	205. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I ar Port II of item 18.)	150	
	MEDICAL	20c. TIME OF INJURY Mor Hour o.m. p.m.	nth, Doy, Year 19	20d. IN While ot wark	Nat While foc	CE OF INJURY (Hame, farm tory, street, affice bldg., etc.)		(Caunty)	(State)
		21. I certify the sow the decease		attend	ed the deceosed from	t death occurred at			thot (I) (we) last ote stoted obove
		220. SIGNATURE	in		now M	D. ATTENDING D. PHYS.	MED. DIRECTOR D STAFF PHYS.	22b. DATE SIG	ENED/66
		22c. PHYSICIAN'S NAME (Type)	ino-	GV	12-11	22d. ADDRESS	i gent	my	0
	230	BURIAL, CREMATION,	23b. DATE THEREOF		23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	wn) (Coun	ty) (Stote)
		EWY (Sectiv)	2-8-66				Near Smith		
	-	FUNERAL DIRECTOR		~	ADDRESS		0.0	GISTRAR'S SIGNAT	
10	0	cott F. Mi	nnich &	Son	Smithsburg	. Md . DATE	3 1 0 1966 1	Marley!	Kurd

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician appropertely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please officace carban papers. Pages 1 and should be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Washington b. COUNTY MARYLAND Washington b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro (Boonsboro) 36 Yrs. Boonsboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 105 St. Paul St. YES NO X 00 105 St. Paul St Middle 4. DATE 3. NAME OF First Lost Month Year DECEASED Winton Ernest DEATH February (Type or print) Knode 66 AGF (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH last birthdov) Months Dovs Hours Male WIDOWED DIVDRCED April 1, 1906 White 27 10 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) Shoe Manufacturing during most of working life, even if retired) Machine Operator COUNTRY? Rohrersville, Md. U. S. A. 14 MOTHER'S MAIDEN NAM 13. FATHER'S NAME Howard Knode Alta Haller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 105 St AddPaul St. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-5713HA Mrs. Ellen Knode, Boonsboro, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), DISSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) While Not While ot work 21. I certify that (1) (this haspital) attended the deceased fram_ 1966, and that death accurred a 71.30 PM, fram causes and an the date stated above. saw the deceased alive and 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BMOVAL (Specify) 3- 3- 66 Boonsboro Md GISTRAR 256 REGISTRAR'S SIGNATURE Boonsboro Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 John H. Bast, Jr. 112 N. Main S. Boonsboro, Md.

24 hours after death funerol filled in by the fun papers. Pages 1 c hin 72 hours ofter d filled hi be executed within corbon ¥ completely remove physicion the death certificate 0 or removal permit. cremotion, signed by the buriol-tronsit that be retained by the hospital or attending physicion. buriol, prior to hos been the PHYSICIAN: The low 00 of Health p use certificate detoched TO FUNERAL DIRECTOR: After this State [plnods be filed with the 3 director, should be

VR A15 (4) 20 M 1/66

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	7017-0114		Abert Nevel
	Property makes	And The Louis Committee	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- 07	2323			CERTIFIC	AIE	OF DEA	AIII			1) 2	19118	3
	OF DEATH				2	. USUAL RESI	DENCE ((Whara dac	aasad lived, If	institution: Rasidar	ce balore e	dmission)
a. COU		II CIITII CHON				a. STATE			b. COUN	ITY	~~~	1
b. CITY		WASHINGTON outside corporate limits.		MARYLAN		CITY OF TOY	PENNA	Sautside como	rate limits write	RURAL and give	ALN	int -
		give nearast town)		C. LLINGTH OF STATE					idio ilimia, with	NONTE ON GIVE	11001031 1011	
	HAGERS	STOWN		18 HRS.		GREEN		LE		1.5		
d. NAA	WE OF HOSPITA	AL OR INSTITUTION (if i	not In hos	pital, give street address)		d. STREET ADDR	RESS				e. IS R	A FARM?
	WASHING	GTON CO. HO	SPITA	AL.		502 EAST	BALT	TIMORE	E ST.		YES	NO A
3. NAMI DECE		First		Middla		Last	4.	DATE	Montl	h Day	Yea	r
(Тура с		HARRY		C.		KRINER		DEATH	FERDIA	DV h	196	
5. SEX			MARRIE	D NEVER MARRIED		ATE OF BIRTH		19.	AGE (In years	I IF UNDER 1 YEAR	IF UNDER	
254.		All after the case of the discount							last birthday)	Months Days	Hours	Min.
MA.		WHITE ON (Give kind of work	WIDOWE			NE 13, 18		Create and	84 yrs.	12 (17175))) 	CULLIERV
dona duri	ng most of work	king lila, avan if retirad)	IUD. KI	ND OF BUSINESS OR IND	USIKY	II. BIRTHPLACE (County &	Stete, or Id	oraign country)	12. CITIZEN	JF WHAT	COUNTRY
		ER. DEALER	OR	CHARD, LIVEST	OCK	FRANKL	IN CO	O. PEN	INA.	U.S.	.A.	
13. FATHI	ER'S NAME				14	. MOTHER'S MAI	DEN NAA	ME				
	JONAS K	RINER				EMMA	ELLI	Udali				
15. WAS	DECEASED EVER	R IN U.S. ARMED FORCE	57 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	TITLITY.		Address	,	4	
		yasg iva war or datas of serv	1	20 20 11207	Re	0 1	/		0 X	- New	- Chro	R-
	AUSE OF DE	ATH [Entar only one co		28-30-4387 (a) (b) and (c)	Tuy	The Am	rune	er,	wayer	- I IM	ERVAL BET	EWEEN
		WAS CAUSED BY:	(10-00-1	. 0	40.10	10011	200	0	O	NSET AND	DEATH
	5011	MMEDIATE CAUSE (a)	4	ZEEBRAL	- 1	1 6 EINO H	CKHI	HOE	, a		W M	C.5
	331X	DUE TO	1		(100		//		()		
	tions, if any,		A	CTERIO - V	Jer	15/20 SI	15	4	ENERH	LiZED)		
	rise to Immadia stating the un-	DITE TO										
causa		Gariying (c)										
z P.	ART II. OTHER		ONS CON	TRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TE	ERMINAL	DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY
NOIT P			_								PERFO	RMED?
5											YES _	NO P
OR CO	ONTRIBUTING [CAUSE OF DEATH	20Ь. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of inju	ury in Par	rt I or Part II	of itam 18.)			
O (IF EIT	HER, NOTIFY	MEDICAL EXAMINER										
₹ 20c.	TIME OF INJUR	Y Month, Day, Year				OF INJURY (Home		20f. (City	or town)	(County)		(State)
VED VED	Hour a.m.	19	Whila at wor		factory,	straat, office bldg.	., etc.)			Top Mark		
01 1) -44			Dua	10/	A- 10	70	6, 1966	hat (1) ((aug) last
				ded the deceased fr			- 77					` ′
saw	the decease	d alive on	· · · · · · · · · · · · · · ·	3 1942 Q, and	that de	ath occurred a	The state of	M, from	the causes a	and on the da	le sigled	above.
22a.	SIGNATURE	(28)	/.	The		ATTENDING	MED.		STAFF	11	/ 226	SIGNED
		194/8	00	11240	M.D.	PHYS.	DIREC	CTOR _	PHYS.	270	066	2
	PHYSICIAN'S NAME (Type)	10	1/1	2 8 60 × 7		22d. ADDRESS	,	1.	A	-	1	
	(.,,,,,,	7/	4	EISSTEIR	-	1 9	KEL	ENO.	HST1	Ex	1+ 1	
		ON, 236. DATE THERE	OF	23c. NAME OF CEMET	ERY OR	CREMATORY	2	3d. LOCA	TION (City, to	wn or county)	(S	tate)
	(AL (Specily)	2/6/1966		Rodon Will	Carr	otom	(Green	nactla	Franklin	Co P	2
****	AL DIRECTOR'S			ADDRESS	_cem	etery 25a.				GISTRAR'S SIGNA		40
1/	101	49		Man Co	1/6	10 1	CD C	2.	00	21 2 0		
11/11/11	west or	1. 2 mile		· Alexander	-	DAT	BLU C	1	ICA (*	warelow V	uday	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	-			
	1.	PLACE OF DEATH a. CDUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before adm b. COUNTY WASHINGTOI	V
		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 30 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest HAGERSTOWN	town)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIL ON A FA	
7		WASHINGTON COUNTY HOSPITAL		ID A
		NAME OF First Middle DECEASED (Type or print) MARIE JOYCE		66
	1	FEMALE WHITE WIDOWED DIVORCED	2/21/1908 9. AGE (In years IFUNDER 1 YEAR IFUNDER 2 Months Days Hours Funder 2 Funder 3 Funde	Min.
		. USUAL OCCUPATION (Give kind of workdone in most of working life, even if retired) HOUSEWIFE HOME	11. BIRTHPLACE (County & State, or foreign country) MICHIGAN 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
	13.	FRANK C. KAETZEL	BESSIE WELLS	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 214-09-0789	INFORMANT R. RICHARD H. LEHMAN MD.	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULLUMENT LULUMENT	Robins, Massive INTERVAL BETT ONSET AND DE	ATH_
		466 X DUE TO		
		Conditions, If any, which gave rise to Immediate cause (a), stating the		
	TION	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORM	ED?
2	ERTIFICATION	Accide Cholecystitis with Chyle little as	RRED. (Enter value of injury in Part I or Part II of Item 18.)	10
	0	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEOICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Factor 4 work 20 at work 20 a	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stry, street, office bidg., etc.)	ate)
		21. I certify that (I) (this hospital) attended the deceased from 3 saw the deceased alive on 2 - 2 / 1966, and that	$\frac{1-3}{1-}$, $\frac{194}{19}$, to $\frac{2-21}{1966}$, that (1) we death occurred at $\frac{1}{19}$ M, from the causes and on the date stated a	
		22a. SIGNATURE M.D. Welter M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED	1
		22c. PHYSICIAN'S NAME (Type) Dalton M. Welt M.D.	22d. ADDRESS 998 Potomac Ave., Hagerstown, Md.	
	23a	DEMOVAL (Chooley)	BRETHERN BROWNSVILLE MD.	te)
	24.	W. Horment, High storm	DATE B 28 1960 Jeliarle Juoge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4)

1,00 00:00 00;1 LASTINON COMMEN HOSPITAL Z/21/1950 93 ALUTA SECRETARIO DE SECRETARIO die maryanione a maintant or joanio attanto companio

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02910

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
a. CDUNIY WASHINGTON MARYLAND	a. STATE Maryland b. COUNTY Prin	ce George
b. CITY DR TBWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Hagerstown	Camp Springs	16-2
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Western Maryland State Hospital	5113 Brinkley Road	YES ND
3. NAME DF First Middle A	Last 4. DATE Month	Day Year
(Type or print) / hcmal	1040 DEATH + CB.	23 1966
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTN 9. AGE (In years IFUNDER Months) Months	Days Hours Min.
Male Cellite WIDOWED DIVORCED	0/4/8/ 04 yrs.	
Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
Painter		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas A. Lloyd	Mary E. Lennett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Sa	me as # 2
	rs Wilbur Maines	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAIR	CINOMATOSES	DNSET AND DEATH
177 X DUE TD ^		,
Conditions, If any, which \ (b) CARCING	DANG OF THE PROSTATE	2 = 4 EARS
gave rise to Immediate cause (a), stating the DUE TD		/
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
DESGIN RATION AND	MALNUTRATION	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA PERFORM PART II. OTHER PART III. OTHER PART I	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		(0)-1-1
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20m. 20m. PLA facto 20m. 20m. PLA facto 20m. PLA facto	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bidg., etc.)	nty) (State)
21. I certify that (I) (this hospital) attended the deceased from	2-18, 1966 to 2-23, 1960	6 that (I) (we) last
	death occurred at 12 4 M, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
Chew (Cannes), M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	
22c. PHYSICIAN'S	22d. ADDRESS WMS H	np.
NAME (Type) VEFREN A, RAMIREZ	1500 PENN. AUE, HOGE	RITOUR
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Durial 0/20/1766 Washington	National Suitland, Md	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	A .
1010lling 4 151-1181 8.2. V.	1 DATE B 25 1966 Junarle	o Judge

THE STREET . I TYPE かんだい こうしょうしょう CONCOVERED CENTRE PROCESSOR 1 1 1985 AND MANAGER ON AND MANAGERS 12 15 -E 31-5 Efective Ukaning a 1500 Javid 414 conservation

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filled in by the furpapers. Pages 1 shin 72 hours after d within 72 completely carbon event, and physician a = attending permit Then 0 the atte cremation. signed by the has be as the prior t After this certificate had be detached for use a le State Dept. of Health pi P

CERTIFICATION

MEDICAL

24. FUNERAL DIRECTOR

Gladhill

death. after hours within executed be death certificate law requires that the the hospital or attending physician. Jins been so the burial, containing the burial containing PHYSICIAN: retained DIRECTOR: A age 3 should iled with the To FUNERAL DIRE director, page 3 should be filed v 4 may O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Washington Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, Hagers of all of elements town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Burkittsville. days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington Co. Hospital NO NAME OF Middle DATE Month Year DECEASED Magaha Armstead U. 1966 Feb. DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months I Days Hours White 5,1873 Male Dec. WIDOWED X 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

TATMET 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Bond Franklin Magaha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 214-36-040 Louise Magaha Burkittsville, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at SAMM. from the causes and on the date stated above. saw the deceased alive or DATE SIGNED SIGNATURE 22b. ATTENDING DIRECTOR PHYS. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BUREMOVAD (Specify) Feb.6,1966 Union Cemetery Burkittsville, Md.

25a.

Middletown, Md.

REC'D BY REGISTRAR

25b.

REGISTRAR'S SIGNATURE

VR A15 (4) 1/65

50 Ldu all parametricities affected to be being

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	11400 m				1110	ULC
1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If in		ace before admission
	Washington	MARYLAND	a. STATE Penna	York	NTY	
	b. CITY OR TOWN (if outside corporate limits. 1	C. LENGTH OF STAY IN 15		outside corporate limits, w	rite RURAL and	give nearest town
	write RURAL and give nearest town) Williamsport	14 Yrs 3 Mo	G W		7	- 3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS	ver		e. IS RESIDENC
T		pital, give street address,			1	ON A FARM?
	mewood Church Home Inc		217 Bro	adway		YES NO
3.	NAME DF FIrst DECEASED	Middle	Last	4. DATE Mont	th Da	ay Year
		SHUE MAJ	OR	DEATH Feby	3 1966	19
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
H	emale White WIDOWERS	DIVORCED N	ov 10 188	0 85 yrs.	months Days	Hours Min.
10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIN	ID OF BUSINESS OR DUSTRY		unty & State, or foreign country	y) 12. CITIZE	N OF WHAT
- 9		wn Home	Glenville	York Co Pa.	US	
13	. FATHER'S NAME		14. MOTHER'S MAID			
	Zacharias Shue		Emali	ne Tracey		
	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.	INFORMANT	Addre	ss	
(No	None Mark	G. Wagne:	r 2570 Virg	iniaAve	
	18. CAUSE OF DEATH [Enter only one cause per line				INI	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1-0.	illiamspo:	rt Md.	ON	NSET AND DEATH
	IMMEDIATE CAUSE (a)	auguan	F-4777	1707779		Hyrs
	ACOA DUE TO					,
	Conditions, If any, which gave rise to Immediate (b)					
	cause (a), stating the DUE TO					
z	underlying cause last. (c)					
110	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT NOT RELAT	FED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19	WAS AUTOPSY PERFORMED?
FICA					1	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of	in]ury in Part 1 or Part 11 (of item 18.)	
AL	20c. TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 20e. PLAC	E OF INJURY (Home, fai	m, 20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m. While	- NOT WHITE -	y, street, office bldg., et	c.)		
Σ	p.m. 19 at work	at work	3 15 20	10. 103	10/6	11 1 (1) () 1
	21. I certify that (I) (this hospital) attended saw the deceased alive on	1966, and that	1	M, from the causes		that (I) (we) las ate stated above
100	22a. SIGNATURE	and that	dedili cocciired de		22b. DATE S	
	Robert P. Con	used M.D.		IRECTOR PHYS.	2-4	-66
	22c. PHYSICIAN'S	1	22d. ADDRESS	137 W. Wa	15/11719	tory
30	NAME (Type) Rober-1.	.0777ad		Hagersto	w77, 777	rd.
232		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, t	own or county)	(State)
	Burial Feby 7 1966		L (1)	97 2 70	adbeck	CoPa
24		ADDRESS	25a. REC	1	EGISTRAR'S SIG	
	Andrew K. Coffman Fun		no DAVEEB	8 1966 00	Marila !	0
			JAV DATE	U MAN V	The Carry One	110000

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages Land should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

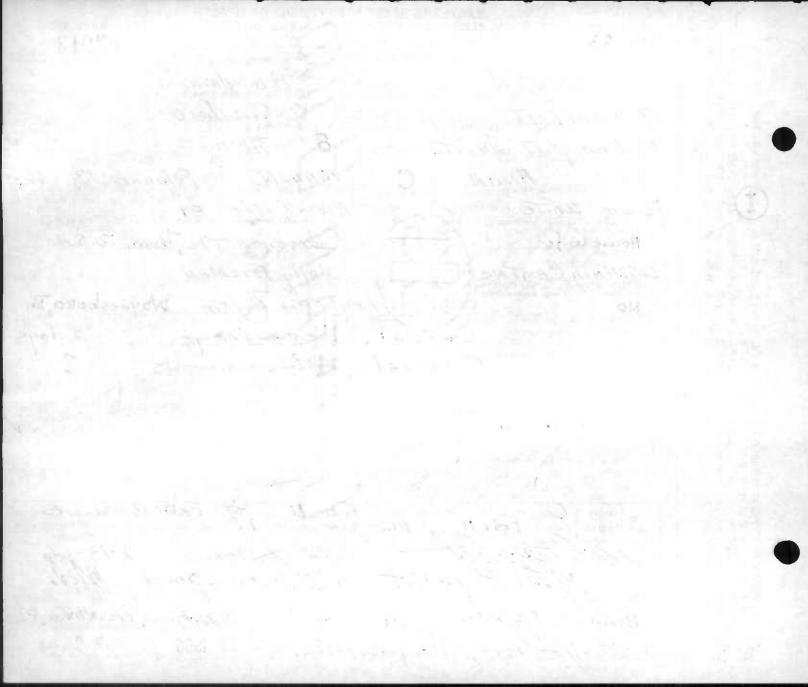
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1966

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4	20°		1	02935			CERTIFIC	ATE OF DEAT	H	11%	3913	-7
deat	and deat	ORT TO	1.	PLACE OF DEATH a. COUNTY	, ,				ICE (Where deceased li		esidence before a	dmission)
after	er e			Was.	hingTon		MARYLAN	a. STATE	m. 1.11 m.	b. COUNTY		~
	by th			b. CITY OR TOWN ((if outside corporate lin	nits, c.	LENGTH OF STAY IN	1b c. CITY OR TOWN (I	f outside corporate	imits, write RURAL	and give neare	st town)
hours	in by				nsport	/	Mr. 2mo.	5. Way)	15-3	
24 h	filled papers n 72	21		V.1' //	TAL OR INSTITUTION (if	not in nospi	al, give street addr		1 1			SIDENCE FARM?
in	Series and	10		NAME OF	Sport S	Anit	AYIUM		PAINST.	14	YES	NO 🔼
with	W		3.	DECEASED (Type or print)	First	10	Middle	MANON	4. DATE OF DEATH FO	Month	Day Ye	11
1	compl ve car event,		5.		. COLOR OR RACE 7. N	MARRIED	NEVER MARRIED	7 8. DATE OF BIRTH	9. AGE (In years IFUNDER	1 YEAR IF UNDE	
ng.	n and co remove in any ev		1	Emale.	11.11	IDOWED 📝	DIVORCED	Nov. 27 18	84 81	Irthday) Months	Days Hours	Min.
e	= - =		10a	USUAL OCCUPATION	N (Give kind of work done life, even if retired)	10b. KIND	OF BUSINESS OR		County & State, or forei	gn country) 12. Cl	TIZEN OF WHAT	T
9	physicia n pleas al, and			House		1100	31111	Green	PASTIE.	Penna Z	1.S.A.	
ficat	ph)		13.	FATHER'S NAME	0			14. MOTHER'S MAI	DEN NAME			
certificate	ding pł Then remova		15	WILLIAM	n CANTNO	er			reman			
	mit.		(Ye	s, ne, or unkown) (I	f yes give war or dates of servi	ice)	CARL MARKET MARK	17. INFORMANT	2	Address	f - "	D
death	per tion		_	NO I	ATH [Enter only one cau			Mrs. Elsie &	oykin.	Waynes	I INTERVAL BE	TWEEN
the the	d by the ransit crema			PART I. DEAT	H WAS CAUSED BY:	1	eloval	Homon			ONSET AND	DEATH
that	I-tra			33/X	MMEDIATE CAUSE (a)	-	elova !	1.0	70		200	73
res t	sign ouria ouria			Conditions, if any		Cev.	eloral	Athera	30/000	15	3	
ing	he to			gave rise to Imcause (a), stati	nmediate (
lw ri	as t as t orior		z	underlying cause i	ast.) (c)_							
The la	ficate h for use Health		CERTIFICATION	PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTIN	GTO DEATH BUT NOT	RELATEO TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AL PERFOR	
IAN: Dital	of to	0	ERTIF	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED. (Enter nature o	of Injury In Part I or	Part II of Item 18.)	
Sic	is conscherence					1 004 111111	W cootings I co	DI LOS OS INUIDA III	1 001			
PH'	det det nte D		MEDICAL	Hour a.m.	URY Month, Day, Year	While -	Not While	PLACE OF INJURY (Home, is actory, street, office bldg.,	arm, 20f. (City or etc.)	town) (cou	nty) (State)
DING by	Afte d be Star		M	p.m.	that (1) this hospital)	at work	at work	Fabr 11	1995 to Fe	Dr /3 10/	that 65	wo\ lact
TEN	OR: houl	4			esed alive on Tel			that death occurred at				
R AT	3 s wit			22a. SIGNATURE		11-11)	,		22b. D.	ATE SIGNED	
3 P	DIR		1		1101111	w		M.D. PHYS.	DIRECTOR PHY	s. 🗆 2-/	3-66	
SPITA e 4 mi	FUNERAL rector, p	/		PHYSICIAN'S NAME (Type		340	Kit	22d. ADDRESS	&m spo	rd 1	Md.	
Page	O FUN direct should		23a	BURIAL, CREMAT REMOVAL (Specif	ION, 23b. DATE THERI	EOF 23	C. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	1	1110	tate)
- Breat	F		24.	BURIZI	te.h 16,1	1966	ADDRESS		C'D BY REGISTRAR I		S SIGNATURE	Pa

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02934
CERTIFICATE OF DEATH

1. PLACE OF DEATH()	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
h CITY OF TOWN IS outside corrected limits I a LENGTH OF STAY IN 15	OLIV OR TOWN (15 outside correcte limits write RIPA) and give nearest fown
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	CHAPEL OAKS 16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WESTERN MARYLAND STATE HOSP.	5406- NASH STREET YES NO
3. NAME OF DECEASED First 0 Middle	Last / 4. DATE Month Day Year
(Type or print) () Teled, (7. M/C	Co//ough DEATH TEB. 20 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
+ Neare WIDOWED DIVORCED	(c) / (2-7 yrs. Months Days Hours Min.
IDa. USUAL OCCUPATION (give kind of work done 10b. KIND OF BUSINESS OR	1 21. BIRTAPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	WIPET VIRGINIA COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles G. Fergyson	SARAH L. Pierce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 5406 NASHSt.
(Yes, no, or unkown) (If yes give war or dates of service)	3 /00 14 75/7 3/.
M25-28- UT38 WI,	lliam McCollough Chapel Oaks
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CURCINICIPILE	4054 Motkney
1973 DUE TO '71	///
Conditions, If any, which \ (b) ABROSCIR COM	on Left Lea 10 mes,
gave rise to Immediate	1) 0
cause (a), stating the DUE TO	
underlying cause last. (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ANTITIO OTHER SIGNATIONAL CONTINUES CONTINUES TO DEATH BUT NOT KELAI	PERFORMED?
100	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	EE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factory	y, street, office bldg., etc.)
, ,	1) /10 mlle 1/10 mlle 1/2
21. I certify that (I) (this hospital) attended the deceased from	19 (to 19 (that (l) (we) last
	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	
Assist Nepo M.D.	PHYS. DIRECTOR PHYS. X XX
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
TRAURIO KIEGO	1500 Tenna. (Nemic Hagerson
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 2/25/66 / Arlington Na	ational Arlington, Virginia
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Stewart Funeral Home 4001 Benning H	Rd., Note EB 24 1968 (Charles Judat
preware remeral nome 4001 Benning I	March Marker 1 4 1300 march Judge

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And a way Temporal and a subject to the Estimated By Mars. Backward Brother and ... INCION COUNTY HORPITAL 1324 HAMILTON BUVD. 1 U TELEVISION OF REPORT P. D. Leder Tobal Lo. S

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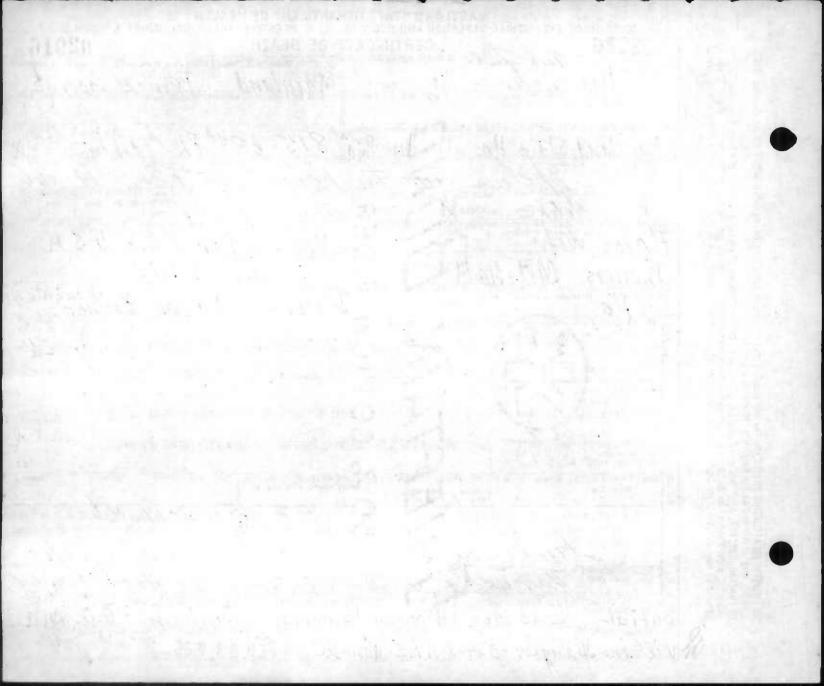
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZJJO M T CERTIFICAT	E UF DEATH	112316
1.	a. COUNTY A	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
	HAMAYEL MINING - MIN	Ma. STATE D. COUNTY	Garak
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR LOWN (If outside corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)		11
19	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
WES	Maryland State Hospital- Hogerston	815-62 14 PL. Cadart	ON A FARM?
3.	NAME OF First Middle	East 4. DATE Month	Day Year
	(Type or print) / helma alherta	Nelson DEATH + eb.	19 1966
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO		YEAR IF UNDER 24 HRS.
	Nela Ress WIOOWED NO OIVORCED	2/18/24 last birthday) Months vrs.	Days Hours Min.
102	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		TIZEN OF WHAT
aug	nost of working life ever if retired) INOUSTRY	Machinester DC 9	UNTRY A
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN TAME	
-	Thomas Mitchell	Emma Ellis	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	DAUBLITAN
` '	NO WOOD	Veloras Nakon Boom	Mer
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	toren men	ONSET AND DEATH
	33/X IMMEDIATE CAUSE (a) TO DILLAR	Jana Car	10 must
	Conditions, if any, which) Our Chreshall A	No emplese.	1 mas.
	gave rise to Immediate	temporary	100-00-1
	cause (a), stating the OUE TO		
Z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATTO TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(c)	119. WAS AUTOPSY
AT C	A TOTAL OF THE TOT	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMEO?
FIC	resalles Millins		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)	1
		ACE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
MEDICAL	Hour a.m. While Not While facts	ory, street, office bldg., etc.)	(5,5,5)
M	p.m. 19 at work at work	1 2 12 12 1	/
	21. I certify that (I) (this hospital) attended the deceased from	//- 1960, to /-/9, 1961	that (1) (we) last
		t death occurred at 2.4 M, from the causes and on th	
	22a. SIGNATURE ALLOW REPORTS	ATTENOING MED. STAFF	TE S/GNED / 6 C
	22c. PHYSICIAN'S NAME (Type)	22d. AOORESS	stown hed
-00	THE GO	so serria, cue payon	1
23a	REMOVAL (Specify)	Y OR CREMATORY 23d LOCATION (City town or coul	(State)
D	41/a1- 2-23-1966 Harmony 19	emorial nannam T.G.	LO- 14 Q
24	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
W	Weam Spangeer - 524-8-St NE- Wash	. D.C. DATE EB 23 1956 from	0.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-bours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death? executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. CDUNTY Washington MARYLAND	a. STATE Maryland b. CDUNTY Allegany
b. CITY DR TOWN (If outside corporate limits. C. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Hagerstown 5 Months	Cumberland Route #3- Bedford Road
d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS
Western Maryland State Hospital	ON A FARM?
3. NAME OF First Middle	, Last 4. DATE Month Day Year
(Type or print) Pleasant M. Me	2551clc DEATH FR6. 21 1966
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 8	B. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iss birthday) Months Days Hours Min.
Female Chile WIDDWED DIVDRCED	February 9,1901 65 yrs. Mondais bays hours
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY?
Housekeeper At Home	Pennsylvania (Bedford) Co U.S.A.
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
George E. Hardman	Alice Mann
	INFORMANT Address Route #3
	s. Aubrey A. Chambers Cumberland, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Meyamony ONSET AND DEATH
3 3 2 IMMEDIATE CAUSE (a)	1 ray marice
Cenditions, if any, which \ (b) Cereleval II	impino 8 mis.
gave rise to immediate	06/10000000
cause (a), stating the DUE TD	
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAN factor 20m. 20m.	
21. I certify that (I) (this hospital) attended the deceased from	9/13, 1965, to 2/2/, 1966, that (1) (we) last
saw the deceased alive on 7/2/ 1966, and that	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Must Current M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
TRIURO! NEGO	156 emm. all Hagerstorn
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY	DR CREMATDRY 23d. LOCATION (City, town or county) (State)
Burial 2/24/66 Mt Herman Ce	metery Cumberland Maryland
24. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ruth E. Silcox Cumberland Maryland	21502 DATE B 24 1968 Judge

VR AI5 (4) 20M 1/65

TARME Statistical laboration of the STATE THE PARTY OF THE PARTY OF

OPPO	CERTIFICAT		N SIKEEI, DAI	LIIMORE I, I	11201	10
1. PLACE OF DEATH	OER THE TOAT	- 0. 2-////	E (Where deceased liv	nd if Inchibutions	Davidanca hofor	admission)
a. COUNTY Washington	MARYLAND	a. STATE	Maryland	b. COUNTY	Freder	. /
b. CITY OR TOWN (if outside corporate limits, Harden Strown	c. LENGTH OF STAY IN 1b 9 mos.	c. CITY OR TOWN (If	outside corporate il	mits, write RURA	and give nea	rest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in h Western Maryland State	ospital, give street address) Hospital	d. STREET ADDRESS	7,702	7 0	e. IS F	A FARM?
3. NAME OF PIRST PIRST (Type or print) Maude Co	atherine 1	Last	4. DATE DF DEATH	Month Feb.	Oay	Year
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		8. OATE OF BIRTH	1893 9. AGE (I last b)	rthday) Months	Oays Hou	
	IND OF BUSINESS OR NOUSTRY IN Home	Maryl		n country) 12. C	USA	IAT
James Isanogle			Emma Eich			2
(Yes, no, or unkown) (If yes give war or dates of service)		informant Grace Bake	r 249 F	Address red. St	. Hage	ersto
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to immediate Cause (a) Cause OF DEATH (Enter only one cause per li DUE TO Conditions, If any, which gave rise to immediate Cause (a) Cause (b) CLANG OUE TO	4 9	eart fa		52	Unki	
underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS D'abetes Mellifus OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		prior my	o cardial	infarcha	YES T	AUTOPSY FORMED? NO
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. While p.m. 19 at work	Not While facto	CE OF INJURY (Home, fa ry, street, office bldg., e		town) (Co	unty)	(State)
21. I certify that (I) (this hospital) attended saw the deceased alive on FEO. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) VICTOR		ATTENOING PHYS.	MEO. STERN HARVES TO STERN HARVES TO STERN HARVES TO STERN HARVES TO LE	causes and on 22b. FF FE. FE. md. Sta	DATE SIGNED 6. 1, 19 6. 1+05	ted above.
23a. BURIAL CREMATION, 23b. OATE THEREOF REMOVAL (Specify) Burial 24—FUNERAL DIRECTOR Taymond Chaque	23c. NAME OF CEMETERS United Bress AOORESS Thurmont,	thren Cem-	-	(City, town or comont F 25b. REGISTRAF	red. C	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please thingue carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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		250	
	The Property of the		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02939

CERTIFICATE OF DEATH

02919

	E .				0 - 0 - 0	
7	PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceosed lived, if institution: Reside b. COUNIY Frederic		
	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16		tside corparate limits, write RURAL and giv	ve nearest tawn)	
	write RURAL and give nearest tawn) Hagerstown	15 Months	Rural My	yersville	10-2	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital	, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
E	Washington County Hospit	Washington County Hospital			YES X NO	
3	B. NAME OF First DECEASED (Type or print) Edger	Middle Samuel	lost Naille	4. DATE Month OF DEATH February 4,	Day Year 19 66	
5	5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER		
	Male White WIDOWE	DIVORCED	June 2, 189	1 last birthday) Months 8	Days Hours Min.	
	0a. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) Carpenter	KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (County	& State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY? J. S. A.	
h	13. FATHER'S NAME		14. MOTHER'S MAIDEN			
-	David H. Naille		Missouri			
15	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	5. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Mark Track	
	(Yes, no, or unknown) (If yes give war ar dates of service)	219-12-1879 M	r. Elvin Nai	ille, Myersville Rf	d.1 Md.	
F	18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which gave) (b)	2				
CERTIFICATION	rise to immediate cause (a), stating the underlying couse last.	-mericonic o				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	19. WAS AUTOPSY PERFORMED? YES NO				
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While at work at w					
	21. I certify that (I) (this haspital) attended the deceased fram 1960, to 1960, that (I) (we) last saw the deceased give an 3 FG 1960, and that death accurred at 154 M, fram causes and an the date stated above.					
l	220. SIGNATURE	DATE SIGNED Fig 6"				
	22c. PHYSICIAN'S NAME (Type) WH. FERBER 218 H. POTOMICE ST. HECKSTOWN, MIN					
2	230. BURIAL (REMATION, PEMOVAL (Specify) 2-7-66	23c. NAME OF CEMETERY OR (CREMATORY Demetery U. B.	23d. LOCATION (City or Town) Myersville, Md.	(County) (State)	
	24. FUNERAL DIRECTOR	ADDRESS	25a REC'	BY REGISTRAR 2Sb. REGISTRAR'S		
1	John H. Bast, Jr. 112 N. M	Main St. Boonsbo	ro, Md . DATE	38 1966 Jelian	les Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease Jemave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and a filed with the State Dept. of Health priar to burial, crematian, ar removal, and a filed with the State Dept. of Health priar to burial, crematian, ar removal, and a filed with the State Dept. VR A15 (4) 20 M 1/66

ASSAULT TO SEAL OF THE SEAL OF WEDS! all business a communication of Latingon visus may the primary should be substituted to the form of the standard A 1 - 47 18 002 25 m 15 11. THE PARTY OF THE P Self bot . Heller S. President and the second of The Electrode of the Country of the St. South to the the

FOR STATE HEALTH DEPT. TO DEPUTY MEDICX XAMINER: This certificate should be executed within 24 hours after death. If any delay is ressary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your lites.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Tame III	0275 117576						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	esidence before admission)					
Washington MARYLAND	al division and an arrangement of the second	Phinoton					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporata limits, writa RURAL	end give nearest town)					
		0					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Rur 1 Williamsport 200	e. IS RESIDENCE					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?					
Canal foad	Canal Hoad 21-1	YES NO					
3. NAME DF First Middle	Last 4. DATE Month	Day Yaar					
(Type or print) Glenn Jaters O	hler DEATH Feb.	28 1966					
	8. DATE OF BIRTH 9. AGE (In years IF UNDER:						
7. MARKIED [MEYER MARKIED []	last birthday) Months	Days Hours Min.					
Male Mite WIDOWED DIVORCED	June 9 1891 74 yrs. 8	19					
Da. USUAL OCCUPATION (Giva kind of work dona 1Db. KIND OF BUSINESS OR during most of working lifa, evan if retirad) INDUSTRY		TIZEN OF WHAT					
rechinist Fir Craft		. S. A					
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	• D • A					
Alfius Clem	Katorah Susan						
Charles AMMON 72. Ohler	Lelvonah, Harbaugh						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / 709 Devoush Addrass Road	d					
(Yes, no, or unkown) 1 (If yes give war or dates of service)							
101.10 131. 41 210-02-1023111.	. Clenn V. Chler Takoma Pr						
18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]		ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Carcinoma Of Trans	Colon With Francism	Recent					
		- NO CONT					
DUE TO Into Stomach, Obstruction, & Massive							
Conditions, if any, which (b) Hemorrhage							
geve rise to immediate		1.00					
trade (a), stating the							
\\\/	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
TARTH. OTHER STUMFFICANT CONDITIONS CONTRIBUTING TO DESTINATION RELA	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
Y		YES NO					
	JRRED. (Entar nature of injury in Pert I or Pert II of Item 18.)					
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.							
O ONOCE OF SEATON	CE OF INJURY (Home, farm, 2Df. (City or town) (Cou	inty) (Stata)					
ZDc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (Cou bry, straat, office bidg., etc.)	inty) (Stata)					
2Dc. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 2De. PLA Hour a.m. While Not While facto p.m. 19 at work at work							
	ld an Autopsy 🔽 . Inspection 🗍 . Inquiry 🗍 .	and in my ppinion					
21. I certify that I took charge of the remains described above, hel		and in my opinion					
death resulted from: Natural causes x, Accident , Sui	icide, Homicide, Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL A ZIII ()	ACTUAL SIGNATURE A. ZG A. DATE SIGN						
SIGNATURE / CONTROL	DEPUTY MEDICAL EXAMINER 3-2-	66					
EXAMINER'S							
NAME (Type) Dr. E. W. Ditto. Cr.	Addrass (Street, city, town, or county) Hagerst	own, Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (Stata)					
Burial Parch 4-66 Arlington M.	at. Cemetery Arlington V	3.					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE					
0 777 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		en Judge					
Albert L. Leaf Williamsport Maryi	DATE AND STORY	- Kanal					

VR AISME (5) 5M 1/65

A STATE OF THE PARTY OF THE PAR and the state of the second as revenued to a second and the state of the ovinsalado, polonidado, decembro de la composición del composición de la composición

Cunninghan Address James St INTERVAL BETWEEN ONSET AND DEATH Few minutes (b) Coronary Atherosclerosis, Moderately Severe
DUE TO Coronary Thromboses (Probable) Branch Of Left Several years Several years Circumflex Major Twig Of Left Anterior Descending 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20f. (City or town) (County) (State) Inquiry and in my opinion Undetermined manner 22. DATE SIGNED FUNERAL f Health on 2-12-66 retained director. Dr. E. W. Ditto. Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Near Hagerstown, Md 0 ,1966 Church REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE K. Coffman Funeral Hone Hagerstown

Washington

Months | Days

e. IS RESIDENCE

Hours

12. CITIZEN OF WHAT

COUNTRY?

ON A FARM?

NO

VR AISME (5)

salies will be a selected to the selected of t Coronary Largered Arrest Statement of the Arrest State . affine to the training of the training of the training to the training to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Washington Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL end giva nearest town) Hagerstown Maryland 2 Hagerstown Md. 5yrs. Pages filled aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS W. North Street Washington County Hospital 138 completely papers. 3. NAME OF Middle 4. DATE DECEASED (Type or print) Parker Eugene (none) DEATH Feb within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months Male Colored Dec DIVORCED T WIDOWEO [attending physician 10s. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, aven if retired) Middlestown. Packing house Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please and in Elias Parker Emma Anker Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyasgiva werordatesofservice) Charlotte Parker 138 W. North St the no permit. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] physician. þ PART I. DEATH WAS CAUSED BY: 0 signed IMMEDIATE CAUSE (a cremation, burial-transit DUE TO attending Conditions, if any, which been gave risa to immadiata cause DUE TO (a), stating the underlying burial, has cause last. the PHYSICIAN: the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION S 0 use prior 208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Entar neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached WEDICAL ATTENDING be refained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Not Whila factory, street, office bldg., etc.) Hour a.m. o at work at work DIRECTOR: State Dept. pe 21. I certify that (I) (this hospital) attended the deceased from... plnods saw the deceased alive on.... may SIGNATURE 22 ATTENDING 3 PHYS. DIRECTOR PHYS. M.D. HOSPITAL FUNERAL page with t Page 22d. ADDRESS PHYSICIAN'S NAME (Type) filed v Do-nald E. Martin 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) のきる Cemeterv Rose Hagerstown Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

VR A15 (4) 20M 5-63

(County) (State) 19, that (I) (we) last DATE SIGNED 418 North Potomac St. Hagerstown, Maryland 23d. LOCATION (City, town or county) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1955 Marily

. IS RESIDENCE ON A FARM?

YES NO X

Year

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO C

YES

12. CITIZEN OF WHAT COUNTRY

Dev

28

USA

Control of the contro less that the des men l'électrons (anon) . O' Augoraciouis . Styre poince. MINERAL THE PLEASE WAS TRANSPORTED TO THE PROPERTY OF THE PROP AND THE RESIDENCE OF THE PROPERTY OF THE PROPE LATE OF THE PARTY STATES OF THE MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

mpletely filled in by the funeral carbon popers. Pages 1 and 2 went, within 72 haurs after death.

CO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 shauld be defached far use as the burial-transit permit. Then please is shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in

VR A15 (4) 20 M 1/66

	/	0294	3			CERT	IFICATE	OF DEATH			02924	
	(PLACE OF DEATH LOUNTY Washingt					ARYLAND	Maryland		Washing		
	ŀ	Rural Ro	If autside corporate limit give nearest tawn) hrersville	5,	c. L	ENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If or	utside corporote limits, hrersville		give nearest town)	
0	(I. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in ho	spitol, give st	reet oddress)		d. STREET ADDRESS Locust G	STREET ADDRESS Locust Grove			
	- [B. NAME OF First DECEASED (Type or print) Nyle			o.	OF OF			4. DATE OF DEATH	Month	Doy Year 13 , 19 66	
	5. 5	SEX	6. COLOR OR RACE	-	RRIED X	NEVER MARR		B. DATE OF BIRTH	9. AGE (II	yeors IF UNDE	ER 1 YEAR IF UNDER 24 HRS.	
		Male	White	WID	OOWED	DIVOR	CED .	August 1, 1		rthdoy) Months	Doys Hours Min.	
		during most of working life, even if retired) IN			INDUSTR	BUSINESS OR			rove, Md.	"	CITIZEN OF WHAT COUNTRY? U. S. A.	
	13.	FATHER'S NAME						14. MOTHER'S MAIDEN	NAME			
1			offenberger						Poffenberg			
	IS. (Ye	WAS DECEASED EVE s, no, or unknown) No •	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service	16. SOCIA 220-	SECURITY NO -09-910		nformant rs. Dorothy			Rfd. 1, Md.	
			EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	line for (o), (b), ond (c).)	you	mile in	fanct		INTERVAL BETWEEN ONSEDAND DEATH	
		Conditions, if ony, which gove (b) Undersylvan - c T cont Series									Tyran	
K	NOITE	PART II. OTHER SI	GNIFICANT CONDITIONS	1,1	UTING TO DE	ATH BUT NOT I	RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	RT 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
0	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		20b. DESCRIBI	HOW INJURY	OCCURRED.	(Enter noture of injury in	Port 1 or Port II of ite	em 18.)		
	MEDICAL	Hour o.i	m. 19		20d. INJURY While of work	Not While of work	foct	CE OF INJURY (Home, forr ory, street, office bldg., etc.	.)		County) (State)	
d		saw the d	fy that (I) (this ho eceased Glive an	spital) 2 -	attended 1	the decease	ed fram_ ., and tha	t death occurred at	19 <u>6</u> (, to	causes and on	9 <u>66</u> , thot (I) (we) last the date stated above	
/	21	220. SIGNATURE	Herol	Wa	es.		M.	1 11101		TAFF 22b.	DATE SIGNED - 66	
		22c. PHYSICIAN'S NAME (Type		H	SE	CON	DAR	22d. ADDRESS	30 NS K	5 Po	MD	
5	230	BURIAL, CREMATIC REMOVAL (Specify BUT 18 1	23b. DATE TH		,	NAME OF C		CREMATORY metery	23d. LOCATION ((City or Town)	(County) (Stote)	
0		FUNERAL DIRECTO)R			ADDRESS		2So. REC'	D BY REGISTRAR	25b. REGISTRAR'S		
0	J	ohn H. B	ast, Jr. 1:	12 N	. Mair	St . E	Boonsb	Dro Md DATE	B 16 1966	Jelian	eles Judge	

respectations and the second s I .b H elfor worded form? _____ ethin ____ elfores - from No. 11 10 to a Liverson De anniente de la production de la company d The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12925 02044

1. PLACE OF DEATH a. COUNTY Washington MARYIAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Pro George's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
Hagerstown	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Western Md State Hospital	4803 M street. YES NOON
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Inez mary pr	1018 DEATH FEB. 7, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
remale white widowed Divorced	FEb. 7/1915 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife own home	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Vac no or unknum) (If use give war or dates of carries)	
578 26 1978 Ea	arl C Pride Hillside Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BULBER	NEUMONIA INTERVAL BETWEEN ONSET AND DEATH 5 DIFYS
Conditions, If any, which	CARCINOMATOSIS UNKNOWN
gave rise to immediate /	CITY CITY CITY CITY
cause (a), stating the underlying cause last. DUE TO RETROPERITO	NEAL CARCINOTIA UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS	
	RRED, (Enter nature of injury in Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor While 20d. INJURY OCCURRED 20e. PLAC factor 20d. INJURY OCCURRED 20e. PLAC factor 20d. INJURY OCCURRED 20e. PLAC factor 20d. INJURY OCCURRED 20d. INJURY OC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) cy, street, office bidg., etc.)
21. I certify that (i) (this hospital) attended the deceased from JC	death occurred a 2/28 M, from the causes and on the date stated above.
222. SIGNATURE Palle pon' M.D.	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) ANTONIO Pallagrosi	22d. ADDRESS NESTERN Ma, State Hospital Hayers rown, ma,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Feb 10, 1966 Mt Olivet	Cemetery Washington D. C.
24. FUNERAL DIRECTOR ADDRESS	==== 1 20/ / 0 / -
F. Gasch's Sons Hyattsville, Md.	DATE B 1 1 1966 Jelianles Judge

VR AIS (4) 2DM 1/65

INEL MARCH PR LEGILAR ERECTAGEN 2 6446 GENTLARTIZED CHRISTINITISS LINKE METRIPERITUREEL CHARLINGER 1000.13 16 466.7 706.7, 64 The Election of the State of the wase wastens me state party had Hageel Keen V 1 mal. waging and the property seed to the light of the control of the co . The parties of the state of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bease, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02945
CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
MANTONIO	shington						
b. CITY OR TOWN (if outside corporate limits, write RURAL a write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL a	and give nearest town)						
Hagerstown hwks Highfield	21-1						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
Washington Co. Hospital Box 45	YES NO						
3. NAME OF First Middle Last 4. DATE Month OF	Day Year						
(Type or print) Clarence W. Pryor Sr. DEATH Feb.	24 1966						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months I. C. Months I.							
Male White WIDOWED DIVORCED Sept. 12, 1897 68 yrs. Months D	Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done done line) 10b. KIND OF BUSINESS OR during most of working life, even if retired line industry 12. CIT COU	JNTRY?						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.U.A.						
John Pryor Amanda Brown 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address							
(Yes, no, or unkown) (If yes give war or dates of service)							
no 219-12-0773 Mrs. Anna Prichard Highfield, Mo	d.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cascin one of Color	2410						
1538 DUE TO	0						
Conditions, If any, which (b)							
gave rise to immediate cause (a), stating the DUE TO							
underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY						
5 Chance Ke and hands mus due to Comeral Ashir schrosis	PERFORMED?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Clave Be and Level Ceres A Advance 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. P.m. 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) CLave Be and Level But Not Wille at work at work at work at work at work	120 110 2						
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (Coun	ty) (State)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Coun factory, street, office bidg., etc.)	ity) (State)						
21. I certify that (I) (this hospitel) attended the deceased from 1-29-, 1966, to 2-24-, 1966	that (I) (we) last						
saw the deceased alive on 2 - 2 4 - 1966, and that death occurred at 14 M, from the causes and on the	e date stated above.						
	TE SIGNED						
	24-66						
22c. PHYSICIAN'S NAME (Type) ALTON M. WELTY 12cd. ADDRESS MAME (Type) ALTON M. WELTY 12cd.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ity) (State)						
REMOVAL (Specify)							
Burial 2/27/66 Bethel Lantz, Frederick (24. FUNERAL DIRECTOR / ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE						
Walle 21 - Your Waynesboro, Penna. pMAR 1 1966 Ochigada	0						
Mally frate waynesboro, Penna. 1966 fcharles	Judge						

THE RESIDENCE OF THE PROPERTY OF SAME IN THE PROPERTY OF STREET a the probability of the property of the Same Same Same and the same 1. -11 -1 32 -1 -1 -1 was the same A CONTRACTOR OF THE STATE OF TH

FOR STATE HEALTH DEPT DEPT.

> pages 1 and 2 with the State Department in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. The Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MEDIC

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
12927

-								
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
	WASHINGTON MARYLAND		ARYLAND B. COUN	WASHINGTON				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Write RURAL and give nearest town) RURAL SHARPSBURG 82 YRS.	RURAL SHARPSBURG						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRES	SS	e. IS RESIDENCE ON A FARM?				
	R.D.# 3 SHARPSBURG	R.D.#. 3 SHARPSBURG YES X NO						
3.	NAME OF First Middle DECEASED	Last	4. DATE Month					
	(Type or print) DAISY MARIE	REEL	DEATH FEBRUAR	RY 26 19 66				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH		Months Days Hours Min.				
F	TEMALE WHITE WIDOWED DIVORCED	JUNE 29.1		mondis bays hours min.				
10	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
dui	ing most of working life, even if retired) HOMEMAKER HOME	MARY	TAND	U.S.A.				
13.	FATHER'S NAME	14. MOTHER'S MA		UeDeRe				
3	THOMAS REEL	MARY	PICE					
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	S				
(10	is, no, or unkown) (If yes give war or dates of service) NO 216-38-0787 S	HERIDAN RE	THE PART OF THE	RESBURG. MD.				
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	HEALDAN RE	EL R.D.# 3 SHAF	ROSBURG MD.				
	PART I DEATH WAS CAUSED BY-			ONSET AND DEATH				
	IMMEDIATE CAUSE (a) Coronary Occlusio	n		Instant				
1	Conditions If any which I							
	gave rise to immediate (b) Arteriosclerotic	Heart Dise	ase	Recent				
	cause (a), stating the DUE TO							
-	underlying cause last. (c)	TED TO THE TEDALINA	L DIOTAGE CONDITION CIVEN IN	PART 1(a) 19. WAS AUTOPSY				
101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	T DISEASE COUDITION GLASTA IM	PERFORMED?				
CA				YES NO 🔀				
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	RRED. (Enter nuture	of injury in Part I or Part II o	f Item 18.)				
A.		CE OF INJURY (Home		(County) (State)				
ă	While Not while	ry, street, office bldg.	., etc.)					
Σ	p.m. 19 at work at work	d on Autonou 🗔	. Inspection x, Inqu	iry . and In my opinion				
	21. I certify that I took charge of the remains described above, hel			,				
	death resulted from: Natural causes 🔀 Accident Sui	cide, Homi		manner				
	ACTUAL AL MILLS HE MAX	ACCIOTANT A	CAL EXAMINER	22. DATE SIGNED				
	SIGNATURE ZAMANY WILLIAM	IYI. U.	MEDICAL EXAMINER	2/28/1966				
	EXAMINER'S EDWARD W. DITTO MR. M.D. 215 W.		DICAL EXAMINER X					
238	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, to	own or county) (State)				
		TETERY	WASHINGTO	N. MARYLAND				
24	HOURS MICES HAGERSTOWN, MARYL	R/A	REC'D BY REGISTRAR 25b R	EGISTRAR'S SIGNATURE				
	THAT IN MINISTER I	IND DATE		0 0				

TOTO-85-012 COLORS TOTO LAND TOTO SECOND Coronary Or challeng III - All of the description of the state of the Jos / 1851 THE RESIDENCE OF THE STATE OF T The state of the s and the second second second CHAINAM MEDICINES IN - TO THE PARTY OF THE P TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12928

1.	PLACE DF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)								
1		ashington	MARYLAN	a. STATE Maryland b. COUNTY Washington								
	b. CITY OR TOWN	(if outside corporate limite and give nearest town)	s, c. LENGTH OF STAY IN		OR TOWN (If out	tside corporate	limits, write RURAL	and give nea	rest town)			
	Hagersto	ovm	Litotime		In cerst	own		21-	1			
			t in hospital, give street addre	ss) d. STREE	TADDRESS			e. IS I	RESIDENCE A FARM?			
-		on County H	ospital	53	Elizab	eth St	•	YES	NO DI			
3.	NAME DF DECEASED	First	Middle	La	st 4.	. DATE OF	Month	Day	Year			
_	(Type or print)	Cremory	Lynn	Resser		DEATH	Feb.		19 66			
5.		112 2 1	RRIED NEVER MARRIED		F BIRTH	9. AGE	(In years IF UNDER birthday) Months	Days Hou				
19.10 WIDOWED DIVORCED Peb. 27 1965 yrs. 11 4 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF W												
dur	ing most of workin	g life, even If retired)	INDUSTRY				eigh country) 12. C	OUNTRY?	na i			
13	FATHER'S NAME				TER'S MAIDEN		U	S.A				
10.		h Resseger					.,		vote			
15		/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	Dorothy	Hetze	Address					
(Ye	s, no, or unkown)	If yes give war or dates of service)		Mrs. D	23 E	Lizabet	th St. He	agerst	own			
	18. CAUSE OF D	FATH (Enter only one cause	per line for (a), (b), and (c).]	TILD.	JI O DILY	Tessel	er rat.	INTERVAL	BETWEEN			
		TH WAS CAUSED BY:	the history	1211	u mor	in		ONSET AND DEATH				
	773.0 IMMEDIATE CAUSE (a)											
	Conditions, If a	ny, which) (b)	9as 720- 1	d-J			2)a	Jo				
	gave rise to i	mmediate (-					2500				
	cause (a), stating the DUE ID De Ry Trusting Cause iast.											
S .												
ICA	PERFORMED? YES NO [
CERTIFICATION	20a. ACCIDENT W DR CONTRIBUTIN (IF EITHER, NOTI	VAS UNDERLYING [] 2 IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY O	CCURRED. (Ent	er nature of Inj	Jury In Part I o	r Part II of Item 18	3.)				
CAL					RY (Home, farm,		r town) (Co	unty)	(State)			
MEDICAL	Hour a.m.		While Not While twork at work	actory, street, t	ffice bldg., etc.)	1500						
			ttended the deceased from	2-1		5, to 2.	-/, 19-6	6 , that (I	(we) last			
-	saw the dece	eased alive on 2 - /	<u>– 19.66</u> , and	that death oc	curred at/27	M, from the	e causes and on t	the date sta	ted above.			
	22a. SIGNATURI	11	2	ATTENI	OING - MED	т ст	AFF 22b. [DATE SIGNED	-			
	OO DUVOIO IAM	I low	<u> </u>	M.D. PHYS.	DIR	ECTOR P	iys. 🔲 🗸 -	- 1	00			
	22c. PHYSICIAN NAME (Typ	e JOJEPH	SECONDAR	220.	ADDRESS	Boon	SBORO					
23a	BURIAL, CREMA	TION, 23b. DATE THEREO					oles an		(State)			
24	FUNERAL DIREC		ADDRESS		25a. REC'D		25b. REGISTRAR	'S SIGNATUR	E			
	Albert	L. Leaf Wil:	lia sport Md.	53 3	DATE B 7	1966	geliarle	Judg	_			
	5	14	6038						1111			

VR AI5 (4) 20M 1/65

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after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	0294	3	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	No. ()2929	
1.	PLACE OF DEATH a. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary La	ere deceased lived. If institution b. COUNTY	washi		
	B. CITY OR TOWN RURAL and give			c. CITY OR TOWN (If o	outside corporate limits, write R		nearest tawn)	
		Pleasant Val Plasant Val Plasant Val Residence		d. STREET ADDRESS	noxville, Md		e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	First GEORGE DE	Middle WEY RICKERDS	tost Sr.	4. DATE Mor OF DEATH Februar		Day Year	
7	Male	White wido	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) 66 yrs.		EAR IF UNDER 24 HRS.	
100	JONGUET OCCUPA	TION (Give kind of wark dane 10 varking life, even if retired)	b. KIND OF BUSINESS OR INDU	Garrett's	or foreign country) Mill, Md.	12. CITIZE	N OF WHAT COUNTRY	
	FATHER'S NAME	Marion Ricke	rds	14. MOTHER'S MAIDEN N Annie Be	elle Ohler			
15. (Ye	WAS DECEASED E s, no. or unknown) NO	VER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)		RFD#2, Knoxy	Leoda C. R14	Werds 21758		
	1B. CAUSE OF E	DEATH (Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The far (a), (b), and (c).]	in eech	WION	d	INTERVAL BETWEEN ONSET AND DEATH	
	Canditians, if		and such	ONBRY BE	356	2-67		
	gave rise to cause (a), statis lying cause las	ng the <u>under-</u> DUE TO (c)		0	0		0	
ICATION		OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO	
L CERTIFI	20g. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING 20b. D NG CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Part II of item 18.)			
MEDICA	20c. TIME OF INJ Haur a. j p. n	1. Whi		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.	, 20f. (City ar tawn)	(Caur	nty) (State)	
9	21. I certify	that I attended the dece			2 - 17-, 1966 M, fram the causes of			
	ACTUAL SIGNATURE	(47)	Murch		ADDRESS (Street, sity or town,		DATE SIGNED	
1	PHYSICIAN'S NAME (Type)	C. E. Pyli	itt		Brunswick,	Mary	land	
220	BURIAL, CREMAT	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o		(State)	

24g REC'D BY REGISTRAR

1968

246. REGISTRAR'S SIGNATURE

Harpers

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hos VS A15 (4) 15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE

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	And the state of t	
	The state of the s	
		107 307
A Section of the Property of t	And the late of the second that will	Action
		ACCOMPANY OF
	16.17 and 16 to 14.23	
	American State of Sta	

PO PSA OTTO M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02949 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) . COUNTY b. COUNWashington Maryland Washington by the and 2 death. MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 33yrs after Hagerstown Maryland 2. Hagerstown Maryland Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE hours ON A FARM? Washington County Hospital Pennsylvania 6753 YES NO X completely carbon papers. NAME OF DATE Dev DECEASED OF (Type or print) McKinley DEATH William Russ Feb 9 19 66 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR) and last birthday) Months Hours event Male Colored Jan 8 WIDOWED DIVORCED [certificate physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Middleway any USA. Laborer Army Depot 13. FATHER'S NAME please 14 MOTHER'S MAIDEN NAME .5 attending pue Warner McKinley Isabella Darline Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address oval (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) William Russ 663 Pennsyvania Ave requires that the no permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). physician. INTERVAL BETWEEN signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO aftending been geve rise to immediate ceuse DUE TO (e), steting the underlying burial, has ceuse lest. the PHYSICIAN: the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? as 2 YES NO prior for use 200. ACCIDENT WAS UNDERLYING TI 286. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL ATTENDING be retained by 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) of Hour a.m. et work et work 19 DIRECTOR: State Dept. pe 21. I certify that (I) (this hospital) attended the deceased from ... Z. 1946 10 Z - 9 - , 1964 that (1) (we) last 19.65, and that death occurred at 2 3 shouldM, from the causes and on the date stated above may DATE SIGNATUR 22e. ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. HOSPITAL death. Page 4 O FUNERAL page with th Page ADDRESS PHYSICIAN'S Avenue, Hagerstown, Md. NAME (Type) Dalton Potomac director, p 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) Burial (Specify) Rose Hill Cemetery Hagerstown,

ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 5-63 24 FUNERAL DIRECTOR'S SIGNATURE

artes attended to the terms of ev. stuncture companies co H 29 5001 B mm 6 English township the JAMAE GARA Company Walliam Ensk 650 Pergayvania atc THE RESERVE OF THE PROPERTY OF THE PARTY OF and the second state of the second se TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please forman carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deatt.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	· · ·							116.4	
1. PLACE OF DEA					a STATE	E (Where deceased lived, I	f institution: R	esidence before	admission)
	WASHINGT(MARYL		MAR	YLAND	WAS	SHINGTO	
b. CITY OR TO Write RURA HAGERST	WN (if outside corporate lim L and give nearest town) OWN	its, c.	2 HRS.	IN 1b	c. CITY OR TOWN (If	outside corporate limits HAGERSTOWN		end give nea	rest town)
	OSPITAL OR INSTITUTION (IF	not in hospit		dress)	d. STREET AOORESS	HAGERSIOWN)		RESIDENCE
WASHING	TON COUNTY HOS	PITAL			322 N. C	ANNON AVENUE		YES	A FARM?
3. NAME DF DECEASED (Type or print)	First John		Middle Henry		Russell.		onth	Day 23 1	Year 19 66
5. SEX	6. COLOR OR RACE 7. M	ARRIED X	NEVER MARRIED	1 8	. DATE OF BIRTH	9. AGE (In yes	ars IFUNDER	1 YEAR IF UN	DER 24 HRS.
MALE		OOWED	DIVORCEO		ov. 28,1908	57 yrs	3.	Days Hou	
during most of wor	ATION (Give kind of work done king life, even if retired)	INDUS				unty & State, or foreign cou	intry) 12. CI	ITIZEN OF WEDUNTRY?	†AT
CUSTODIA		COUNT	TY COURT I	HOUS	E WASHINGT	ON CO., MD.	1.5	U.S.A.	
13. FATHER'S NA	ME				14. MOTHER'S MAID	EN NAME			
	JOHN RUSSEI				MARY ALB	ERT			
(Yes, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of service)	ce)	IAL SECURITY NO.		INFORMANT		WOWN, M		
NO			-10-8587		S. HELEN RU	SSELL 322 N	. CANNO		
18. CAUSE OF	F DEATH [Enter only one cau	se per line f	or (a), (b), end (c).	.]	abdominal a	orta below b	ifur-	ONSET AN	
PART I. L	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	attan	of money	- mt	ariog with	dissortion o	f the		
451	OCCUPANCE	a wron	al coats	al (OTTOS MICH	arabac arou	1 0110	13 hou	1795
Conditions, If	any, which (h)	ar certs	ar coacs						artain
	gave rise to Immediate Cause (a), stating the DUE TO								
	underlying cause last. (c)								
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a)		AUTOPSY
Hyperter	nsive and ather	roscle	rotic hea	rt d	lisease	4 years cer	tain	YES	FORMED?
PART II. OTHER Hyperter 20a. ACCIOEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. OESC	RIBE HOW INJURY	Y OCCUI	RRED. (Enter nature of	Injury in Part I or Part	II of Item 18.)	
N 20c. TIME OF	INJURY Month, Oay, Year	20d. INJUR	RY OCCURRED 20	De. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town	n) (Cou	inty)	(State)
0-1	.m. 19	at work	Not While at work		y, street, office bldg., et				
21. I cert	Ify that (I) (this hospital)	attended t	he deceased fro	m Fe	b. 23 , 19	66 to Feb. 2		6 , that (I)	
	eceased alive on Feb.	23	19.66 , an	d that	death occurred at	20 M, from the caus			ted above.
22a. SIGNATI	Millian	.). to	yman	M.D.	ATTENOING ATTENOING PHYS.	MED. STAFF	226. 0/	ATE SIGNED	
22c. PHYSIC NAME (Layman	n, M.D.		100 ADDRESS Profes	sional Arts	Bldg.,	Hager	town
23a. BURIAL, CRE REMOVAL (S	MATION, 23b. DATE THERE	OF 23	BC. NAME OF CEN	METERY		23d. LOCATION (City			(State)
BURTAL	1 2/26/196	6	CEDAR LAV	VN C	DMDTDRY	WASHINGTO	N CO.	MARYLA	ND
24. FUNERAL DIR	//		AOORESS						
11/6/10	Kouce	HAGERS	TOWN MAF	A.TYS	ND CONTRACT	7 4 4000	Whenil	a. Vecd	16

5 (4) 1/65 A15

MONTH SEE warele ... Lieund 101. 28,1905 -137 E H. S. B. C. C. C. CONTRACT NORTH SOURCE STREET, VINCOUNTERS OF THE SOURCE Market Market Town of the Arthur Market Mark - Valuation of the English of the Community and the Community of the Commu conor in the land alletten mant at mannett dennet a board a board and a windstrong. en company of the state of the control of the contr JAMITAGE CODAR Live Cartering ... Variable to . O. Mariage

The contract of the contract o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 20 funera PLACE OF DEATH Washington USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after the MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RIGAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled bon papers within 72 l IS RESIDENCE ON A FARM? 600 001 NO K completely carbon 3. NAME DE First Middle DATE Month Year Last Day DECEASED OF (Type or print) DEATH 19 executed physician and comen please remove ovel 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED T 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe au Cal certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address the attent t permit. 10 death (Yes, no, or unkown) (If yes give war or dates of service) cremation. INTERVAL BETWEEN ONSET AND DEATH been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health detached for use te Dept. of Health PERFORMED? NO DA YES 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter Lature of Injury in Part I or Part II of Item 18.) PHYSICIAN: MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. Not While at work at work p.m. retained 21. I certify that (I) (this beenital) attended the deceased from that (I) (we) last and that death occurred ay1:40 M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED ATTENDING PHYS. M.D. DIRECTOR PHYS. Fig O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify) 3 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town or county) (State) ADDRESS REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 25a. VR AI5 (4)

20M 1/65

FOR STATE HEALTH DEPT.

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages Trand 2 with the State Department in any event within 72 hours after death. TO DEPUTY MED please execute

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINEDIS OF THE CONTROL OF THE CON 82030

GIGGO TO THE EXAMINER O	DERTIFICATE OF BEATT					
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission					
Washington MARYLAND	e. STATE Pa. b. COUNTY Franklin					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town					
Rural Clearspring 18 mos.	Mercersburg, Pa. 75 - 3					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC ON A FARM?					
Clearspring, Md., R. #1	S. Park Ave. YES NO					
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) WILLIAM T. SCH	IAEFFER DEATH Feb. 21, 19649					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Isast birthdey) Months Days Hours Min.					
Male White WIDOWED DIVORCED	4/9/1875 last birthdey) Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
during most of working life, even if retired) Laborer Gen. Work	Mercersburg, Pa., R.D. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
William Schaeffer	Julia Parrot					
	INFORMANT Address					
(Yes, no. or unknown) (If yes nive war or dates of service)						
no 212-03-3355 M	Irs. James Scott Mercersburg, Pa.					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic	Cardio Vascular Disease 5 years					
4221 DUE TO						
Conditions, if eny, which) (b) Senility						
gave rise to immediate (
Causa (a), storing the						
(6)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY					
OT THE STATE OF TH	PERFORMED? YES NO					
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE PARTIES OF THE PARTI	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
GAUSE OF DEATH.						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)					
p.m. 19 While Not While						
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry , and in my opinio					
death resulted from: Natural causes x, Accident , Suid	cide . Homicide . Undetermined manner					
destin resoluted in manufacture and the second in the seco	CHIEF MEDICAL EXAMINER					
ACTUAL STULL STULL S	22. DATE SIGNED					
SIGNATURE A CONTROL OF THE STATE OF THE STAT	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2-22-66					
EXAMINER'S Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county) Hagerstown. Md.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY						
Burias 2/25/66 Fairview	Mercersburg, Pa.					
24. JUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
Mercersburg, P	a. DAFEB 28 1966 Icharles Judge					
XI VO I JOI VOU CON	DAIR-D NO 10001					

Terms took was ... Excent · A - . E. Indepoted

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is clessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File once I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11233	M (C)	EDICAL	EXAMINE	(,2	CERTIF	ICATI	E UF L	JEATH		1)2	103	1
1.	PLACE OF DEAT	Н				2. USUAL	RESIDENC	CE (Where dec	eased lived, If in	stitution: F	Residence	before	admission)
	a. COUNTY	LIA CITTAIC	movi.			a. STAT		TIT A SITE	b. cou		77777	(CE)	
	b. CITY OR TOW	WASHING /N (If outside corporat		c. LENGTH OF STAY		c CITY OR		Outside corr	orata limits, w			GTON	
	write RURAL	and give nearest tow	n)						orata minita, w	THO NORM	and gr	10 11001	/
		RSTOWN		10 MINUTE			AGERS	STOWN			11	- /	
	d. NAME DE HO	SPITAL OR INSTITUTIO	N (If not in ho	spital, giva street ad	dress)	d. STREET	ADDRESS					ON A	SIDENCE FARM?
	WASHINGT	ON COUNTY H	OSPITAL			823	PINE	STREET				YES 🗌	NOX
3.		FI	rst	Middle		Last		4. DATE	Mon	th	Day	Ye	ear
	(Type or print)	EDWAR	ח	TRONE		SCHT	NDET	OF DEATH	FEBRU	ADV	2	_ 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED			8. DATE OF E		19.	AGE (In vears	TELINDER	1 YEAR		
	MALE	WHITE	WIDDWED !	DIVORCED	H	JULY 1	2 101	2	last birthday) 50 yrs.	Months	Days	Hours	Mln.
102		FION (Give kind of work	L.	ND OF BUSINESS DR				tata or forel		1 12. C	ITIZEN	OF WHA	T
dui	ing most of work	ing life, even if retire	d) IN	DUSTRY					g.,,,	C	OUNTRY	(?	
- 0	GUARD		DET	ECTIVE BURE	EAU		ARYLA				U.	S.A.	
13	FATHER'S NAM	IL.				14. MOTHE	ER'S MAID	DEN NAME					
	ED	WARD SCHIND	EL			RUT	H TRO	NE					
		EVER IN U.S. ARMED FO (If yes give war or dates or		DCIAL SECURITY ND.	17.	INFORMANT			HAGDRE	EOWN,	MAR	YLAN	D
	NO	(11 Jes give war or nates o		14-09-2307	ME	S PHY	TITS	SCHTND	EL 823 1	DTNE C	מיום	דערו	
		DEATH [Entar only on				We IIII.	шцо	COLLEGE	9B (C)	T BILL		RVAL BI	ETWEEN
		EATH WAS CAUSED BY			-	10102					DNS	ET AND	DEATH
	1120	IMMEDIATE CAUSE	(a) CO.	ronary oc	CTI	ISTOIL					01	udde	en
	400	/ DUE									37		
	Conditions, if gava risa to		(b) AI	terioscle	LO	lle ca	ralo	vascu	Lar di	sease	3 16	ears	5
	ceuse (e), s		TD										
	undarlying cau		(c)										
NO.	PART II. DTHER	SIGNIFICANT CONDITIE	ONS CONTRIBU	TING TO DEATH BUT NO	OT RELA	ATED TO THE TE	ERMINAL C	DISEASECON	DITIONGIVENII	YPART 1(a)	19.	WAS A	UTOPSY RMED?
CAT											YE	ES 🔲	NO X
CERTIFICATION	20e. EXTERNA	L CAUSE WAS	20b. D	ESCRIBE HOW INJUR	Y DCCL	JRRED. (Enter	nuture of	f injury in Pe	rt I or Part II	of Item 18	3.)		
E E	CAUSE DE DEA	L CAUSE WAS CONTRIBUTING [] IH.											
AL	20c. TIME DE	INJURY Month, Day,	Year 20d. IN	JURY OCCURRED 120	Da. PLA	CE OF INJURY	(Home, fa	erm. 20f. ((City or town)	(Co	un ty)		(State)
MEDICAL	Hour m.		While	Not While	fecto	ry, street, offi	ce bldg., e	tc.)					
ME	p.		at work										
	21. I certif	y that I took charge			ye, he	ld an Autops	sy,	Inspection	n XX Inq	uiry,	and	I in my	opinion
	death result	ted from: Makurai	causes X	Accident /	Sul	lcide .	Homlci	de 🔲,	Undetermine	d manner			
		(111	1/1/1	1111	101			L EXAMINER			- 2	2/2/	66
	ACTUAL SIGNATURE	Albura	W U.	Wells!	uu	M.D. ASSIS	STANT ME	DICAL EXAMI	NER		22	. DATE	SIGNED
	Total Control							AL EXAMINE				0/0/	1011
	EXAMINER'S NAME (Type)	HOWARD N. 1	WEEKS M	.D. 580 NO	DRTH	IERN AND	s (Stree	AGERST	ON Rount WAF	RYLANT)	4/2/	1966
238	BURIAL, CREM					OR CREMATO			CATION (CIty,			(5	State)
	BURIAL (SP	ecify)		FUNKSTOWN	J (EMETER	v	FUN	KSTOWN.	MARY	TAN	D	
24	FUNERAL DIR	ECTOR)		ADDRESS	اولا	PAPER I PARC	25a. RE	C'D BY REGIS	STRAR 25b.	REGISTRAR	'S SIGN	NATURE	
1	Karleson	1/	HAG	ERSTOWN. M	ADVI	CIGA	DEEB	8 10	200 000	larle	20	110	
1	- MULULUSA	1000	ILMC	DITOTOMIN TIT	LLI	THIM	DAIL	0	1001 //-	10	VX	-07	-

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	Ew	0	2,7	100	

CERTIFICATE OF DEATH

Reg. Dist. No. (12935)

o. COL	was	hington		MARYLA	11 0	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Pa. b. COUNTY Franklin								
b. CITY	Y OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)								
	Hagers	town		· 2 weeks		Mercersburg, /5-3								
d. NAA	INSTITUTION	AL (If not in hospital, g				STREET ADDRESS					e. IS RES	IDENCE FARM?		
	Garlo	ck Conv.	Hom	е		61 L	inden	Ave.				NO []		
3. NAME DECEA (Type of	SED or print)	Fir C •		Middle WALTER	SECR	Lost IST	4. DATE OF DEATH	Feb.		966		Yeor		
5. SEX	Control of the Contro	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DA	TE OF BIRTH 2/7/1882		9. AGE (In years lost birthday)	IF UNDER					
Ma.		White	WIDOWE		_			83 yrs.	Months	Doys	Hours	Min,		
10a. USUA durin	AL OCCUPATION	N (Give kind of work and life, even if relired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY		
	retake			emetery		Sylvan,	Pa.			USA				
13. FATHE	R'S NAME					MOTHER'S MAIDEN								
	Abra	ham Secr	ist			Susan Zir	mmerma	an						
15. WAS E		IN U. S. ARMED FOR	ervice}		17. INFOR			Add						
	no		1	96-14-4852	Mr	s. Harry	Site	s Merce	rsbu	rg,	Pa.			
gov	PART I. DEAT Additions, if on the rise to im the (o), stoting life g couse lost.	y, which (b	Art	ebral Thromb		dio Vascul	lar Dis	sease		148	hou yea	rs		
CERTIFICATION OU CO	ACCIDENT WAS	S UNDERLYING []		ONTRIBUTING TO DEATH					EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO		
OR CO	ONTRIBUTING !	CAUSE OF DEATH												
	IME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	NJURY OCCURRED 20 Not white of work	e. PLACE C foctory,	F INJURY (Home, forn treet, office bldg., etc	m, 20f. (City	or town)	(0	County)		(Stote)		
ACTU SIGNA	21. I certify that I attended the deceased fram. Jan. 28,, 1966, to Feb. 15,, 1966, that I last saw the deceased alive on Feb. 11,, 1966, and that death occurred all:15P.M, from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE M.D. 215 W. Washington St., 2-16-66 PHYSICIAN'S Dr. E. W. Ditto, Jr													
220. BURI	AL, CREMATION	2/18/6	F	22c. NAME OF CEMETE Fairvi	RY OR CRE	MATORY	22d. LOCAT	ion (City, town, o	or county)	. (F	(Stote rank			
23. FUNER	AL DIRECTOR'S	signature	er	Mercurs	lang	Jay DATE	BY REGISTI		STRAR'S SIC					

TO FUNERAL DIL CTOR: After this certificate has been signed by the attending physician and campletely filled in say the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

	HEATE OF DEATH	
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	U. D. III was to the state of the control of the co	Local Alexandr
		Maria Paris Company

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and treaty event, within 72 hours after death.

TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. CDUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY WASHINGTON		
b. CITY OR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)		
write RURAL and give nearest town) CONOCOCHEAGUE 3 MOS.	HAGERSTOWN 2/-/		
d. NAME DF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 0. IS RESIDENCE		
GATEWAY CONV. HOME	526 W. CHURCH STREET ON A FARM?		
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year		
(Type or print) SARAH JANE	SHANK DEATH FEBRUARY 24 19 66		
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED 1	8. DATE DF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.		
FEMALE WHITE WIDOWED X DIVORCED	OCT. 4,1883 82 yrs. Months Days Hours Min.		
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE OWN HOME	WASHINGTON CO., MD. U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
JOHN SOCKS	SARAH YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT HACERSTOWN, MD.		
110	S. LELIA SHANHOLTZ 526 W. CHURCH ST.		
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDINE T	UNSET AND DEATH		
1/2 -1	a Ministra		
Conditions, If any, which) DUE TO A RT ENCOSCISCOT	re HEMR. DISEISE Yes.		
gave rise to immediate			
cause (a), stating the DUE TO underlying cause last.	SIS. COEMERALIZED TRS		
FICATI	PERFORMED? YES ND		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)		
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)		
Hour a.m. p.m. 19 While Not While at work	ry, street, office bldg., etc.)		
21. I certify that (i) (this hospital) attended the deceased from 9	Dec. 1965 to 24 F 50. 1966, that (1) (we) last		
saw the deceased alive on 24 Feb 1966 and that	t death occurred at M, from the causes and on the date stated above.		
22a: SIGNATURE	1 005 DATE GLOHED		
1 1 1 1	ATTENDING - MED - STAFE		
22c. PHYSICIAN'S M.D	PHYS. X DIRECTOR PHYS. 2/25/1966		
NAME (Type) WILLIAM N. FENDER M.D.	218 N. POTOMAC ST. HAGERSTOWN, MARYL		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY			
REMDVAL (Specify)			
BURIAL 2/28/1966 ROSE HILL CEMETERY HAGERSTOWN MARYTAND 24 FYYERAL DIRECTOR 256. REC'D BY REGISTRAR'S SIGNATURE			
Charles in Rauge HAGERSTOWN, MARYLAN	D PARAD 1 1966 Ochanles Judge		
TROBIED TOWN PARTIAN	D DATE P 1 1966 Clarify Judge		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Md. MARYLAND oan papers. Pages 1 within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 55 years Hagerstown Hagerstown d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital 120 Clearview Rd. 3. NAME OF First Middle Last Manth DECEASED THELMA MADILENE SHANK February 19. (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthdoy) March 23. 191b female white WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Secretary **INDUSTRY** Huyetts Crossroad, Md. Lutheran church 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frisby Spickler Edythe Mong 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service 212-14-7717 Robert H. Shank, Hagerstown, Md. no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 3rcinom2 IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) Haur a.m factory, street, office bldg., etc.) Nat While at wark ot work 21. 1 certify that (1) (this hospital) attended the deceased fram NOV -, 1964, to Feb 19 M, fram causes and an the date stated above. saw the deceased alive an Fa 19.66, and that death accurred at 12

physicig crematian, ar remaya attending p permit. signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. burial as the has been for use Health TO FUNERAL DIRECTOR: After this certificate 10 detached State Dept. pe 0 with the be filed v director, shauld be VR A15 (4) 20 M 1/66

The law requires that the death certificate be executed within 24 hours after death.

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DUD

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23b. DATE THEREOF

2-22-66

23a. BURIAL CREMATION

24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Minnich & Son, Hagerstown, Md. DATE

M.D.

Rest Haven Cemetery

23c. NAME OF CEMETERY OR CREMATORY

PHYS.

22d. ADDRESS

DIRECTOR

PHYS.

23d. LOCATION (City or Town)

Tomze

Hagerstown,

2Sb. REGISTRAR'S SIGNATURE

Md.

(County)

(County)

22b. DATE SIGNED

Wash.

Doy

Days

12. CITIZEN OF WHAT

COUNTRY?

Months

IF UNDER 1 YEAR | IF UNDER 24 HRS

IS RESIDENCE ON A FARM?

Year

66

YES ND

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? YES 🔀

__, 1966, that (I) (we) last

NO

(State)

(State)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND

	02957	CERTIFICATE	OF DEATH		02938
1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If i	nstitution: Residence before admission)
	COUNTY		e. STATE	b. COUN	TY
_	Washington	MARYLAND		ma.	Franklin
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate limits, write	RURAL and give nearest town)
	Hagerstown	3 yrs.	Greenca	estle	75-3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tel, give street eddress)	d. STREET ADDRESS	20020	e. IS RESIDENCE
					ON A FARM?
3	Garlock Convolesent Hosp	Middle	23 South	Carlisle St.	YES NO DO
	DECEASED	Widdle	Last	4. DATE Month	Day Yeer
	(Type or print) Daisv	Tenley	Shives	DEATH Februar	rv 16. 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
١,	WIDOWED		1	last birthdey)	Months Days Hours Min.
	PARA LA	304	ebruary 13, 1	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
de	one during most of working lite, even it retired)	OF BUSINESS OK INDUSTR	II. BIKIMPLACE (Coun	ty a state, or toraign country)	12. CHIZEN OF WHAT COUNTRY
	Housewife Ho	usekeeping	Franklin	Co. Penna.	U.S.A.
13	FATHER'S NAME	1	14. MOTHER'S MAIDEN		
	D * 1 M *		77	D 7.7	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5.	OCIAL SECURITY NO. 17. I	Harriett	Bally	
	es, no, or unkown) (If yes give wer or dates of service)	12	,		16.006 4.1
		>	lock (Gnwle	Jest 119/194	Thigets town, ma
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (e), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	a DE algreis	Carpe	or gar	ONSET AND DEATH
	DUE TO	Train - Se	161-1-	Haut (2)	20110
	Conditions, if eny, which geve rise to immediate cause	recua Sci	crovec /	Deary or	e jer
	(e), stating the underlying DUE TO				
	ceuse lest. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(e) I 19. WAS AUTOPSY
CERTIFICATION					PERFORMED?
2					YES NO
R	OR CONTRIBUTING FT CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Pert II of item 18.)	
ü	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c. TIME OF INJURY Month, Dey, Year 2Dd. IN		CE OF INJURY (Home, ferm		(County) (Stete)
MEDICAL	Hour a.m. While		ory, straat, office bldg., etc.)	
×	p.m. 19 et work	at work		1 11	1
	21. I certify that (I) (this hospital) attends				, 19. that (I) (we) last
	saw the deceased alive on I be fall	1999 and that	death occurred at	M, from the causes a	nd on the date stated above.
	22e. SIGNATURE				22b. DATE
	A. Jella les		DILLING DE	AED. STAFF	SIGNED
	22c. PHYSICIAN'S	М.	22d. ADDRESS	IRECTOR PHYS.	
	NAME (Type)	ED OFTE A	22d. ADDKESS	TEALONG	16 4
	/ 1 WR	1331161	J. G.C.	CRWU145 11	1/2/ 19
23		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	Burial 2/20/1966	Fairwiou Como	t a mar	Manaanahu	Prophlin C. D.
24	EUNERAL DIRECTOR'S SIGNATURE	Fairview Ceme		D BY REGISTRAR 256. REG	Franklin Co.Pa.
1	26 0.0 h Zer	Meen with	/ PPD	an and Am	lanles Judge
Y	Kindle .	4	19 louis	23 1966	The same

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

I	Item 18 Film G374 2/2MARVLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
1	02958 CERTIFICATI	E OF DEATH	112939	
1.	PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)	
t	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporete Ilmits, write RURAL e	and give nearest town)	
a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ASH. CO, HOSPITAL	601 BRIGHTON PLACE	e. IS RESIDENCE ON A FARM? YES ND	
3.	NAME OF DECEASED (Type or print) ELIZABETH R. Middle Sou	DERS 4. DATE B. 18	Day Yeer 19 66	
5. +	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 EMALE WHITE WIDOWED DIVORCED 2	10/25/1920 45- yrs.	Days Hours Min.	
102	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR MOUSTRY AND F.		INTRY?	
13.	FATHER'S NAME CALVIN LONG	BARBARA ROBINSON	4	
15 (Ye	was deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 16.2-22-3118	Misormant E Louders - Hage	stown, Md	
7	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	LEURAL EFFUSION	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a) THEUM ONLY E	LEURAL EFFUSION	S DAYS	
M	Conditions, If any, which) DUE TO SERTICEMIA		•	
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO CC CO COLOR ASSESS	Operative of Associate wound	6-7 was.	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
CERTIFICATION		こしったでいたない Tist IRRED. (Enter nature of injury in Part I or Pert II of Item 18.)	YES NO.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	(State)	
· ·	21. I certify that (I) (this hospital) attended the deceased from 11	death occurred at 23 M, from the causes and on the	e date stated above.	
	22a. SIGNATURE M.D	ATTENDING MED. STAFF	TE SIGNED	
	22c. PHYSICIAN'S NAME (Type) W. N. FENDER	220. ADDRESS 218 N. POTOMAC ST. HAGSUTON	Dr. Ma	
235	30289 2/21/66 Welsh Run;	Grethren Cey- Welsh K	un, A	
24	LE, Minniels - GREENCASTLE	Par 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S DATE B 23 1966 flowle	Judge	
_			_	

VR A15 (4) 15M 4-64 BERST AND ENGINEERING TO AND IT The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please, remove carbon papers. Pages X and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH				
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
02059	CERTIFICATE OF DEATH	41)		

PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
HAGERSTOWN 10 YRS.	HAGERSTOWN 2/-/				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE				
308 WAKEFIELD ROAD	308 WAKEFIELD ROAD ON A FARM? YES NO X				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year				
	PONAUGIE DEATH FERUARY 10 1966				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.				
	OCT. 12, 1921 44 yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
MECHANIC MACK TRUCKS	CENTRE CO., PENNA. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
FRED J. SPONAUGLE	KATHLEEN LIVESAY				
	INFORMANT HAGERSTOWN, MD.				
	IOMAS S. WHITE JR. 308 WAKEFIELD ROAD				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY:	onlyers and Death				
4201 DISE TO 0	IMMEDIATE CAUSE (a) Colored Activities				
Conditions, If any, which \ DUE TO Crossey ather	roselvosis Years				
gave rise to Immediate	1				
cause (a), stating the DUE TO Underlying cause last.					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY				
TATE OF THE PARTY	PERFORMED?				
20a, ACCIDENT WAS UNDERLYING THE 1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. 1					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factor while at work at work at work	ry, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from	9 feb, 1966, to 10 Let, 1966, that (1) (wer) last				
	t death occurred at 44 M, from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE SIGNED				
M.D	D. ATTENDING X MED. STAFF PHYS. 2/11/1966				
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
J. DEAN WILSON M.D.	580 NORTHERN AVE, HAGERSTOWN, MD.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
BURIAL FEB. 12.1966 ROSE HILL C	EMETERY HAGERSTOWN, MARYLAND				
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE				
(Kacks & Louise HAGERSTOWN, MARY	TLAND DATE B 15 1966 Achiarles Judge				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pression and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

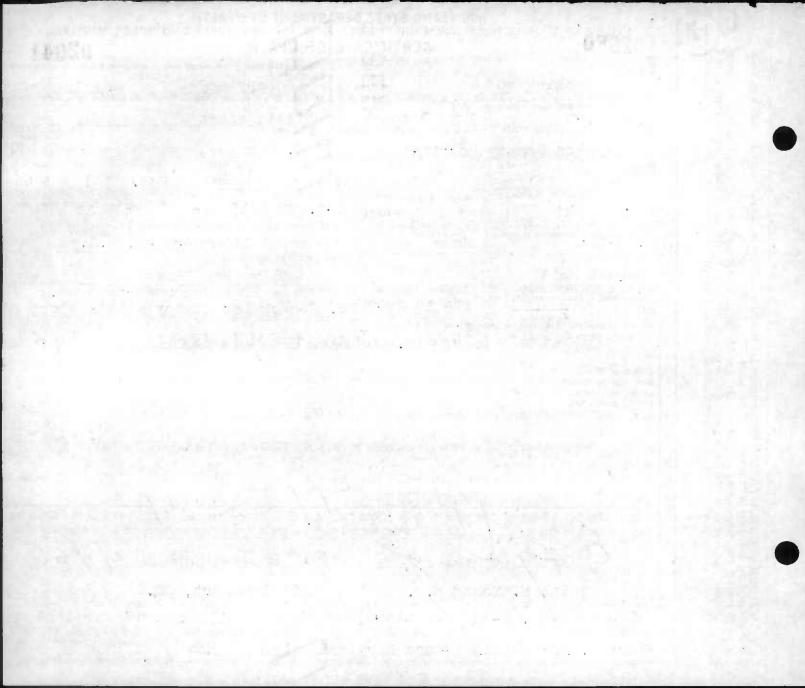
be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

09041

1.	PLACE OF DEATH a. COUNTY			(Where deceased lived, If instituti	ion: Residence before admission)
	Washington	MARYLAND	a. STATE Male	vland b. county	Vashington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporate limits, write R	
I	Hagerstown	3 month	Williams	sport.	21-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS	0,000	e. IS RESIDENCE
	Washington County Hos	spital	10 S. Cond	ococheague St	reet yes No
3.	NAME OF FIRST DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Lolita	Mae S	talev	OF DEATH Feb.	1 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	lact hirthday)	NDER 1 YEAR IF UNDER 24 HRS.
F	emale White WIDOWED	DIVORCED A	lug. 27 191	last birthday) Mon	ths Days Hours Min.
L0a	USUAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Cour	nty & State, or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
H	Cousewife Ho	me	Wear Will	iamsport Md.	U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
	Ernest Reid		Olive	May Flora	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 9	SOCIAL SECURITY NO. 17.	INFORMANT]	S Conoc Address	ague St.
(10		5 14 2997 Mr	. Joseph L	ee Stalev Wil	Lliamsport Md
-	18. CAUSE OF DEATH [Enter only one cause per li			100 5 000 100	I INTERVAL BETWEEN
Я	PART I. DEATH WAS CAUSED BY:	ReINOMAOFB	0 - + = Ma	tanta sis	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	IC-INONHOID	VECT - LIA	10110110	- (41)
d	Cenditions, If any, which)				
	gave rise to immediate				
	cause (a), stating the DUE TO				
5	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH DUT NOT DELA	TED TO THE TEDMINAL DIS	CEACE CONDITION CLIVEN IN DADI	1(a) 19. WAS AUTOPSY
CALL	TAKTII. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART	PERFORMED?
-	20a. ACCIDENT WAS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of In	njury In Part I or Part II of Ite	m 18.)
CER	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	m, 20f. (City or town)	(County) (State)
MED	Hour a.m. While p.m. 19 at work	Not write	y, sileer, oldcebiag., etc.		
	21. I certify that (I) (this hospital)/attengle	ed the deceased from	, 194	-5 to 2/1/	19 6, that (I) (we) last
	saw the deceased alive on	1966, and that	death occurred at_/	A.M. from the causes and	on the date stated above.
	22a. SIGNATORE			22	b. DATE SIGNED
	1 fy su	1 9 M.D.		RECTOR PHYS.	2/1/66
	22c. PHYSICIAN'S NAME (Type)	//	22d. ADDRESS		1//
	Ralph F. Young	16.	William	sport Md.	
23a	DEMOVAL (Specify)	286. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town of	
	urial 70b. 4-66	Greenlawn Ce	emetery	Willia sport	Maryland
24	. FUNERAL DIRECTOR	ADDRESS		/1/39 /	BAR'S SIGNATURE
4	lbert L. Leaf William	sport Harvla	nd FEB 7	1966 Julian	Cas Jung

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02961 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Hillsborough Washington MARYLAND tely filled in by the rban papers. Pages , within 72 hours aft b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Rural Boonsboro 16 Months e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS em. Home Fahrney Keedy 827 Bayshore Blvd. YES NO T 3. NAME OF Middle 4. DATE Month Lost DECEASED Walter Staley 66 J. February 5, 19 (Type or print) DEATH IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) July 11, 1891 Male White WIDOWED DIVORCED 10g. IISHAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT physician of physi during most of working life, even if retired)
School Teacher Education COUNTRY? U. S. A. Rural Retreat, Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pierson Staley Virginia Snavely 17. INFORMANT 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknawn) (If yes give war or dates af service)

Yes

W. W. One signed by the atter burial-transit permi burial, crematian, a 181-26-0754 Mrs. Goldie M. Staley, Boonsboro Rfd.1, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO as the priar to t stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? etached far use Dept. of Health p CERTIFICATION use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) State at wark at work director, page 3 shauld be shauld be filed with the Stat 1966, that AT (we) last 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Feb. 5, 1966 and that death accurred at 6.30 PM, from causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE PHYS M.D. ADDRESS 22c. PHYSICIAN'S NAME (Type) KNEISLE 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION Burial (Specify) 2- 8- 66 Hagerstown, Rest Haven Cemetery 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death campletely fi O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. has been TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 20 M 1/66

				Wr _p	
				19	Maria Land
di meniali		Prof.			
		A ISA	16 (80)	337 3100	
	Abel of re			Mrs. Per Street	
Section 1					
	17 1884				
	right decreed	Leumi I	e le La maris	201,000	1 de 50
	The section of the section				history

FOR STATE HEALTH DEPT.

O DEPUTY MEDIX.—EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDI

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		11208	9 IVI	CHICA	LEXAVIINER	2 1	EKINEICAI	E UF L	PEAIN	1) 2	1134	3	
)	1.	PLACE OF DEAT	f		<u> </u>	11 1	2. USUAL RESIDEN	CE (Where dec	eased lived, If Ir	stitution: F	Residence	before ad	mission)
		a. COUNTY	111-11:+-	NI IN			a. STATE		b. COU	NTY ,			
		h 01774 0 - 7011	Washington		MARYLAI		Ma	ryland		Wa	shin	gton	
		D. CITY OR TOW Write RURAL	N (If outside corpora and give nearest tow	te limits,	c. LENGTH DF STAY IN	1b	c. CITY OR TOWN (II	foutside corp	porate limits, w	rite RURAL	and gh	√e neares	t town)
			Hagerstown		Hours		20	rkstown			21	1 -1	1
		d. NAME OF HO			hospital, give street add	ess)	d. STREET ADDRESS	WWWWM	6		16	. IS RESI	DENCE
9			shington Co				101	- C+ 1				ON A F	annual a
			singun (o	way N	ospiral	1	105	Stong	fer Ave		1	YES	NO D
П	3.	NAME DF DECEASED	FI	rst	Middle		Last	4. DATE	Mon	th	Day	Yea	r
		(Type or print)	Sho	h hel	Ann	5	tottlemyer	DEATH	Febru	2011	14	19 6	46
	5.	SEX	6. COLOR OR RACE	7. MARRIEL			DATE OF BIRTH		AGE (In years		1 YEAR		
		Temale	White	CE. Jan		Del			last birthday)		Days	Hours	Min.
	10.			WIDOWED		110	ctober 2,1	950	15 yrs.				
Н	dur	. USUAL OCCUPAT	ION (Give kind of work ing, life, even if retire	done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (S	tate or foreig	gn country)		ITIZEN DUNTRY	OF WHAT	
		St	ident	14.	igh School		Martinal.	111 MARCA (11	110		ISA	•	
9	13.	FATHER'S NAM	E	1 7 .	7,00000	1.1	Martins	DEN NAME	Ou.	1	KILL		
			Clastin	Channa	-1 C+-++1.								
1		100000000000000000000000000000000000000			od Stottlemy		HUC	ce Ann	Harnes				
	15. (Ye	s. no. or unkown)	EVER IN U.S. ARMED FO	RCES? 16	. SOCIAL SECURITY NO.	17. IN	FDRMANT		Addre	ss Funk	esto	wn Mo	1_
		No			None	MARA	Alice Ann	Stattl	OHULOR	INS ST	tout	104 6	1.10
Н	T	18. CAUSE DF	DEATH Enter only on	e cause per	line for (a), (b), end (c).]	A	Of	Da 1	T	من ريد	LINTE	RVAL BET	WEEN
		PART I. DE	EATH WAS CAUSED BY			ASPI	tration of	prood	Into Lu	ngs,	ONS	ET AND D	EATH
		010			ive Pulmonar						9 1	lours	
,		8/00	DUE	TO Stat	us Post Pulm	onar	v Lacerati	ion And	Right.				
		Conditions, If	eny, which	(b) Lowe	r Lobectomy		9		0				
		geve rise to ceuse (a), s	Immediate DIF			Q D:	be & These	Of	Diebt				
		underlying caus	tating the		tured 5,6,7,	0 10:7	los or rrac	ture of	algnt				
	z			(c) Hemi	UTING TO DEATH BUT NOT	DELATE	D TO THE TERMINAL I	DISEASE CONF	DITIONGIVENIE	PART 1/a)	119.	WAS AU	TOPSY
	음	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JIGHII IOAHI OOHDIII	JIIO OON IKIL	TO DEATH BUT NOT	NEWNIE	D TO THE LEWININGE	DISEASE COM	or real of the control of the contro	11 2007		PERFOR	
	CA										YE	s K	NO 🗌
	CERTIFICATION	20a. EXTERNA	L CAUSE WAS CONTRIBUTING []	20b.	DESCRIBE HOW INJURY	OCCURR	EO. (Enter nuture o	f injury in Pa	rt I or Pert II	of Item 18	.)		
	Ä	CAUSE OF DEAT	H.	1977. 7.7	2								
		20c. TIME OF	INJURY Month, Dey,	Year 20d	sledding str	PLACE	OF INITIRY (Home, fa	street	CITY OF TOWN)	secti	Rive	(S	tate)
	MEDICAL	Hour •	K.	While		factory,	street, office bldg., e	tc.)	., .,	,,,,,	,	,,,	,
1	ME	1:30 p.	m. 2-1- 19	66 at wo	rk at work v	Stre	et	Finkst	own. Wa	shing	ton.	Md.	
	133	21. I certify	that I took charge	e of the rer	mains described above	, held	an Autopsy 🔀	Inspection	n , Ing	uiry ,	and	In my c	pinion
		death result		causes [Accident to	Suicio	-	de 🗍	Undetermined	manner			
		destil result		Oudses [i, neordent k,	Quion	CHIEF MEDICA						
		ACTUAL	1 5/	18	17		100107107 145		150 🗆		22	DATE S	IGNED
		SIGNATURE	y acc	//	704		M.D. ASSISTANT ME			/		5412 0	101125
		EXAMINER'S .					DEPUTY MEDIC			2-3-6			
		NAME (Type)	Dr. E. W. D	itto,	Jr.		Address (Stree	t, city, town,	or county) H	agers	town	Md.	
	238	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME DE CEME	TERY O	R CREMATORY	23d. LO	CATION (CIty,	own or co	unty)	(Sta	ate)
		Suria	2/6/	66	Rost Ha	100	Cemetery	Idaa	erstown			Md	1
	24.	FUNERAL DIRE		THE	ADDRESS	ien!	25a! RE	C'D BY REGIS	TRAR 25b. F	REGISTRAR	'S SIGN		10
1			0 41.0	1.00		41.	CCD		0.00	10000	(1	103	
2	K	est Have	in Juneral	Chapel	Hagerstown	1, Md	DATE- B	0 15	166 /	-and	D Xu	1	

VR ALSME (5) 1/65

. Washing St. A STATE OF THE STA TUNESDAY THE ADD THE 7) Well, Tachton I Land Talance I Land I and I a er see a land to the second of . Nagaratives too. Sull all the County Sense and the Sense and - Party has a live out town of the deal of the same that the THE STATE OF STREET OF SECURITIES AND ADDRESS AND ADDRESS. the second of th · F . Heteland the second secon An an observable . In oat I decrease proops and

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

			0		CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR O	116944
1.	PLACE OF DEATI a. COUNTY	Washington	MARYLAND	a CTATE	E (Where deceased lived, If institution: It b. COUNTY Was	Residence before admission) shington
	b. CITY OR TOW	N (if outside corporate limits, and give nearest town)			outside corporate limits, write RURAL	
	Write RURAL	dagerstown	38 yrs.	Idaa	erstown	1_/
	d. NAME OF HOS	SPITAL OR INSTITUTION (if not	in hospitai, give street address)	d. STREET ADDRESS	e-oscourt -	e. IS RESIDENCE
		ington County H		36	E. Washington St.	ON A FARM? YES ND X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Howard	Emoru	Strite	DEATH February	18 1966
5.	SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 1 8	B. DATE OF BIRTH	19. AGE (In years IFUNDER	
	Male		WED K DIVORCED C	ctober 22,1	905 last birthday) Months	Days Hours Min.
1Da dur	a. USUAL OCCUPAT	ION (Give kind of work done 10 ing life, even if retired)	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
4.4		e & Assembly	Aircraft	Quality (USA
	FATHER'S NAM		mangr	14. MOTHER'S MAID		Ne)(1
ď		Charles :	Strite	Ro	sie MoKee	
		EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		erstown. Md.
(,,	No	(11 yes give war of dates of service)	214-09-5084 Mrs.	. Betty Burge	101 1 - 1	
	18. CAUSE DF	DEATH [Enter only one cause	per line for (a), (b), and (c).]	1	0 0 - 0	INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	- horinan	and les	Il failure	ONSET AND DEATH
	027 X		0	1	1	
	Conditions, If	any which I	double soit	: :	Agrica de	10000
	gave rise to	Immediate (juice agone	- muy	cung	years
	cause (a), st		TY - 1		U	
2	underlying caus		Jerliny lue	4		years
2	PARTII. OTHER S	GIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUTNOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19/ WAS AUTOPSY PERFORMED?
CA	11	whole + cons	la same of Co. Co.	wille n		YES NOVE
SERTIF	OR CONTRIBUTI	WAS UNDERLYING 2D NG CAUSE OF DEATH FIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. Enjer nature of	injury in Part I or Part II of Item 18	3.)
A.			od. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town) (Coo	unty) (State)
2	Hour a.m		hile Not While	y, street, office bldg., et	tc.)	unty) (State)
MEDI	р.г	1 11	work at work			
9	21. I certif	y that (I) (this hospital), att	ended the deceased from	. 19	965, to flath, 19	, that (I) (we) last
			, 17 1966, and that	death occurred at	M, from the causes and on t	
	22a. SIGNATU	RE		204(11 00001102 42		ATE SIGNED
	Dala	ac AL OI	Min	ATTENDING NO.	MED. STAFF PHYS.	
	22c. PHYSICIA	N'S	M.D.	1 22d. ADDRESS	DIRECTOR PHYS.	
	NAME (T)	(pe) John C. Stand	fer M.D.	145 S. Pros	spect St. Hagerstown	Md
23a	. BURIAL, CREM	ATION 23h DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	
	REMOVAL (Spe		Dart Hann	Country	Hagaretama	MJ
24.	. FUNERAL DIRE		Kest Haven	Cemetery 25a, REC	D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
n		When CI-VY	070			
K	est Haven	r Juneral Chape	l Hagerstown, Ma	- DATE B	23 1956 Ochania	Just

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. With please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1)2945

1. PLACE OF DEATH a. COUNTY					titution: Residence before admission)
	WASHINGTO	N MARYLAND	a. STATE	RYTAND b. COUN	WASHINGTON
b. CITY OR TOWN write RURAL ar	(if outside corporate li				ite RURAL and give nearest town)
HAGERST	OWN	23 DAYS	HAGER	STOWN	21-1
d. NAME OF HOSP	TAL OR INSTITUTION (if not in hospital, give street addre	ss) d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	N COUNTY HOS	SPITAL	133 W. F	RANKLIN STREET	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	CECILIA	VIRGINIA	SWITZER	DEATH FEBRUAR	RY 13 19 66
5. SEX 6	. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE		WIDOWED DIVORCED	DEC. 8. 187	79 86 yrs.	Months Days Hours Min.
1Da. USUAL OCCUPATIO during most of working	N (Give kind of work don	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
INSPECT		SHOE FACTORY	WASHINGTON	N CO. MARYLANI	
13. FATHER'S NAME			14. MOTHER'S MAIL		
SAMUI	EL SWITZER		MARY J.	LAWRENCE	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE f yes give war or dates of ser	S? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	1 Akdulas	STOWN, MARYLAND
NO		214-09-4968	WILLIAM H. SV	WITZER 133 W.	FRANKLIN ST.
18. CAUSE OF DE	ATH [Enter only one ca	use per line for (a), (b), and (c) 1	1-0-1	0 00	INTERVAL DETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	(erel	res /-	trombore	ONSET AND GEATH
332	X DUE TO		1011	0 0 0	~ ()
Cenditions, If an	,	(reneral	Acker	5- K) eler Du	6 5 9RA,
gave rise to In	nmediate (
cause (a), stat	ing the				
PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH DUT NOT R	ELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN I	PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIG	(Joleo A	tolovio		PERFORMED?
20a. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER	20b. DESCRIBE HOW THURY O	COURRED. (Enter nature o	f injury in Part I or Part II o	f Item 18.)
		1	me		
20c. TIME OF INI	URY Month, Day, Yea	60	PLACE OF INJURY (Home, factory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
20c. TIME OF IND Hour a.m. p.m.	19	While Not While at work at work	1000171 0010000,01110000108.1,0		N //
	that (I) (this hospita	attended the deceased from	Tel- 6.1	966 to Lea-1	19 6 6. that (I) (me) last
saw the dese			that death accurred at/	M. from the causes	and on the date stated above.
22a. SIGNATURE	77	m (n			22b. DATE SIGNED
	XXI, U) la colle	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	2/14/1966
22c. PHYSICIAN		9	22d. ADDRESS		7 = 17 = 200
WAME (Type	JACK H. I	BEACHLEY M.D.	221 .W. W	ASHINGTON ST. H	IAGERSTOWN, MD.
23a. BURIAL, CREMAT REMOVAL (Speci	ION, 23b. DATE THE	REOF 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
BURLAL	FEB. 16	,1966 ROSE HILL	CENETERY	HAGERSTOWN.	MD.
24. FUNERAL DIRECT	OR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
(Kailso mi	Kenger -	HAGERSTOWN MARYL	NID DATEE	3 2 1 1966 10	harles Judge
	J	THE PARTY OF THE P			700

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TO THE SECOND STREET STREET, THE STREET, STREE

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TO DEPUTY IN CICAL EXAMINER: This certificate should be executed within 24 hours after death. If any convince necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 lossy after death.

VS. A15ME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH **Division of STATISTICAL**

		CERTIFICATE OF DEATH	02946
		2. USUAL RESIDENCE (Where deceased lived, if in.	
GTON	MARYLAND	MARYLAND	WASHINGTON
orate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write it	RURAL and give neerest lown

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
WASHINGTON MARYLAN	MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)
HAGERSTOWN 1 HR.	RURAL BOONSBORO 2/-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 e. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	RT .#2 BOONSBORO YES NO N
3. NAME OF First Middle	Last RT.#2 BOONSBORO YES NO Dev Yeer
(Type or print)	OF DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	TRACY FEBRUARY 15 19 66
	last birthdey) Months Deys Hours Min.
FEMALE WHITE WIDOWED X DIVORCED	8/16/1893 72 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	USTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTR
HOUSEWIFE HOME	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BAKER	LUCINDA JACKSON
15. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. 1 (Yes, no, or unknown) (Ifyes give war or detes of service)	TAKOMA PARK
NO NONE	MRS. DAISY SCHMIDT MD.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, Congestive He.	art Failure Sudden
11001	tic cardiovascular disease Yrs.
Conditions, it eny, which \ (b)	tic cardiovascular disease Yrs.
geve rise to immediate cause	
(e), stering the underlying	
(c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPS
OLY TO THE TABLE THE TABLE TO T	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURE	YES NO
PRIMARY Or CONTRIBUTING	D. (Enter nature of injury in Pert I or Part II of item TB.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) factory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that I took charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes x. Accident	Suicide , Homicide , Undetermined manner
01 12.00 10	CHIEF MEDICAL EXAMINER
ACTUAL Souver W West lle	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S HOWARD N. Weeks. M. D.	M.D.
examiner's Howard N. Weeks, M. D.	580 Northern Exave Thagerstown, 2/17/66 Address (Sired, city, lown, or county) Maryland
	The state of the s

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)

> HAGERSTOWN MD. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

228. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

2/18/66

BUR IA I.,

23. FUNERAL DIRECTOR FEB

DINAME BURNER OF 030 E2300 E7 entre ver a ser a to the same transfer of the free not to the same of the same 2/18/66 BURTLE ROOM DEEN CHE. and the state of t MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film G375

SECREPTURE TO BE SECRETARION OF THE SECRETARION OF BEATTLE TOTAL TOTA CADE MARIAL IR SOME SEN DEALER BOOK SENDER OF ALTO CONCLUSION OF THE SECOND A STATE OF THE PROPERTY OF THE STATE OF THE The Edward Commence of the Com

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12963 CERTIFICATE OF DEATH

	1 t om 1 h 1 l m (+5/6	5/4/55 100	
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WA	SHINGTON
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	RURAL HAGERSTOWN 1½YRS.	HAGERSTOWN	21-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	CLEARVIEW NURSING HOME	1016 CORBETT STREET	ON A FARM?
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) ADA REGINA	WAGNER DEATH FEBRUARY 22	2 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 19 AGE (In years LIFTINDER	YEAR HE LINDER 24 HRS
E		NOV. 18,1874 last birthday) Months 91 yrs.	Days Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
dur	Ing most of working life, even If retired) INDUSTRY		UNTRY?
13.	SEAMSTRESS SELF FATHER'S NAME	FREDERICK CO., MARYLAND	U.S.A.
	IGNATIUS WAGNER	MARY LIVERS	
15		INFORMANT WINDOWSPO	ET. MD.
(Ye	es, no, or unkown) (If yes give war or dates of service) 579-22-2484 PAI		
-		OL WAGNER TO TANTANT LANE	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	I am M Kanned	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shahnutine	of mall sound	1 rope
	DUE TO		
	Conditions, If any, which (b) (b)		
	cause (a), stating the DUE TO		
2	underlying cause last. (c)		Lan Was All Topov
9	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FIC	parfelle melletter & dellinge	0 - //	YES NO
CERTI	20a. ÆCCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.	
AL (ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
DIC.	Hour a.m. While - Not While - factor	ory, street, office bldg., etc.)	,
M	p.m. 19 at work at work	5-1 12 11 Eaks 1	7
	21. I certify that (I) (this hospital) attended the deceased from	Feb 13, 19 64, to Feb. 22, 19 6	
H		at death occurred at 5 MM, from the causes and on the	ne date stated above.
	22a. SIGNATURE	ATTENDING - MED - STAFF	
	Edings Marry M.	D. PHYS. DIRECTOR PHYS. 2/2	2/1966
	22c. PHYSICIAN'S NAME (Type) EDSON B. MOODY M.D.		rown, MD.
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
	BURIAL (Specify) BEB. 24,1966 CEDAR LAWN C	CEMETERY WASHINGTON CO., I	MD.
24	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
(Kailes in Kauger HAGERSTOWN, MARYLA	IND DEEB 28 1956 golianle	Judge.

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certificate be

death

law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

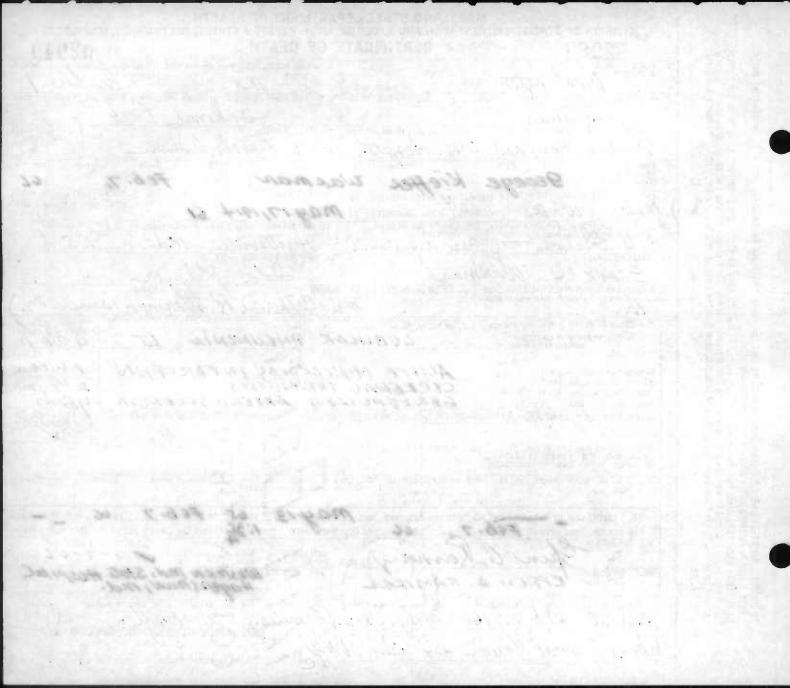
t, within 72 hours after death.)
2 hours	
within 7	91
y event,	7
in an	7
e filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event	
ation, or r	
e filed with the State Dept. of Health prior to burial, cremation, or	
or to bu	
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filed w	
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funeral Land 2 2 Dabers. filled etely carbon comple and con physician a attending I the attend been signed by the burial-transit **ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. has this certificate detached for use Stould be de retained DIRECTOR: pe Page 4 may 1 TO FUNERAL director, should be Page /

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Besidence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hazerslow d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO NAME DE Year Last DATE Month Day DECEASED OF (Type or print) warman DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Days WIDOWED [DIVORCED 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BURTHPLACE (County & State, or foreign country) COUNTRYZ during most of working life, even if retired) INDUSTRY C. Fireman Fire Department 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no, or (inkown) (If yes give war or dates of service) INTERVAL BETWEE CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LOBULAR 200 IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which MYOCARDIDU INFAIRC (b) gave rise to immediate DUE TO cause (a), stating the GENERAL IZED BATERIOSCLEICASIS underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m 19 at work at work 1965 to FE 6. 21. I certify that (I) (this hespital) attended the deceased from_ 19 66 that (I) (we) last and that death occurred at 135M, from the causes and on the date stated above. saw the deceased alive on FED 1966 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS WO STERN Md, State HOSPItal 22c. PHYSICIAN'S NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. 23d. REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b// REGISTRAR'S SIGNATURE

DATE

VR AI5 (4) 20M 1/65



VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		CE	RTIFIC	ATE	OF	DE	ATH

02969	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WIRAL and give nearest town WIRAL and give nearest town) WIRAL and give nearest town WIRAL and give nearest town WIRAL and give nearest town) WIRAL and give nearest town WIRAL and give nearest town) WIRAL and give nea
RURAL and give nearest town) Wildle A. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) or INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5. SEX OR OTHER WOOD FIRST Middle Lost May Wegge DEATH Day Year 73 194 5. SEX OR (In years IF UNDER 1 YEAR IF UNDER 22 HEX. WIDOWED DIVORCED DIVORCED TO USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done) TO USUAL OCCUPATION
d. NAME OF HOSPITAL (If not in hospital, give street address) A. NAME OF DECKASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N/DOVCED N/DO
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED (INEVER MARRIED) B. DATE OF BIR)H 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 7. ACT IT ET 13. FATHER'S NAME 14. MOTHER'S WIDOW IF E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I
3. NAME OF DECEASED Sallie Middle May Welge OF STATE Month Doy Year Telestate May Welge OF STATE Month Doy Year Telestate May Welge OF STATE Month Telestate Month Month Telestate
DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED DIVEYER MARRIED 10 DIVORCED 11 BIRTHPLACE (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. COLOR OR RACE 17. MARRIED DIVORCED 10 DIVORCED 10 DIVORCED 11 BIRTHPLACE (Stote or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. CAUSE OF DEATH 17. INFORMANT 18. CAUSE OF DEATH 19. Address 19. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. COnditions, if only, which gover rise to immediate cause (o), stoting the under-lying cause lost. 19. Conditions, if only, which gover rise to immediate cause (o), stoting the under-lying cause lost. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PE
5. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TO USUAL OCCUPATION (Give kind of work done during most of the following most of the post of the following most of
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] 18. CAUSE OF DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. TETAL OF WHAT COUNTRY? 19. MOTHER'S MAIDEN NAME 19. MOTHER'S MAIDEN
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 7 CT MET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate cause (o), storing the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
during most of working life, even if retired) TOUSEWIFE TOUSEWIF
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse per line for [a], (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for [a], (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for [a], (b), ond (c).] 18. CAUSE OF DEATH [Enter only one couse per line for [a], (b), ond (c).] 19. Conditions, if ony, which gove rise to immediate cause (a), stoting the under. 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?
The state of the s
If yes, give war or dates of service) 79-67-5730 B This like the property of the part 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRET II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (b) 19. WAS AUTOPSY PERFORMED? YES NO 19. WAS AUTOPSY PERFORMED?
If yes, give war or dates of service) 79-67-5730 B This like the property of the part 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRET II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (b) 19. WAS AUTOPSY PERFORMED? YES NO 19. WAS AUTOPSY PERFORMED?
B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PEFFORMED? YES NO
PART II. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Pettal 2 ed Carcino motosis ONSET AND DEATH 2 yrs. Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying cause lost. ODE TO
MMEDIATE CAUSE (a) Q TO TO
Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Gove rise to immediate cause (a), storing the under. Out to
Cause (o), stoting the <u>under-</u> Cause
Iying cause lost. (c)
PERFORMED? YES NO
YES NO D
📛 20a. ACCIDENT WAS UNDERLYING 🔲 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote, 10 to 10
Hour a.m. While Not while at wark at wark at wark
21. I certify that (I) (this haspital) ottended the deceased from Jan 10 1966, to 128, 1966, that (I) (we) lost
saw the decepsed olive on Tele 10 1966, and that death occurred of 20 M, from the couses and on the date stated above
220. SIGNATURE 22b. DATE SIGNED STAFF SIGNED
Ohold Ourand M.D. PHYS. DIRECTOR PHYS. 243-66
22c. PHYSICIAN'S NAME (Type) R. 1 17 C 22d. ADDRESS 137W. Washington
Moper / Contrad / Hagerstown, 777d.
1/27673/00/1,7/14,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 532 W Miles Suppose A Company (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)

FOR STATE HEALTH DEPT.

5 тау be cessary, O DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

WEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0,0001
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
a. COUNTY Washington MARYLAND	a STATE b COUNTY	fferson
	c. CITY OR TOWN (If outside corporate limits, write RURA)	
write RURAL and give nearest town)		and give nearest town,
RuralLeitersburg nours	RuralKearneysville	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	RFD # 1	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Edward Taylor	Winkler BEATH February	11 19 66
	8. DATE OF BIRTH 9. AGE (In yeers IFUNDER last birthday) Months	1 YEAR IF UNDER 24 HRS
	lay 23, 1900 65 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT
during most of working life, even if retired) Tarmer HDDUSTRY Farm	West Virginia	USA?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Lee Winkler	Ida Mae Whittington	
		irg. W.Va.
(Vac ma or univous) (14 vac mine was as dates of souries)	ranklin T. Winkler (son)	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		Instant
IMMEDIATE CAUSE (a) GOPORARY OCCIUSION		TAIS DELLO
DUE TO		
Conditions, if eny, which geve rise to immediate (b) Arteriosclerotic C	ardio Vascular Disease	4 years
cause (a), steting the DUE TO		2000
underlying cause last. (c) Coronary Disease		li vears
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY
<u> </u>		PERFORMED?
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY THE PROPERTY OF CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED BY THE PROPERTY OF CONTRIBUTIONS CONT	ORRED. (Enter nature of injuly in Part 1 of Part 11 of Item A	.,
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
Hour a.m. While - Not While - facto	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection _x_, Inquiry,	, and In my opinion
death resulted from: Natural causes [X], Accident], Su	icide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL SICCULA	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE 1 CONTRACTOR SIGNATURE	DEPUTY MEDICAL EXAMINER X 2-12	2-66
examiner's Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county) Hagers	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burial 2-15-66 Edge Hill	Cemetery Charles Town	n, W. Va.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
Melvin T. Strider Co., Charles Town	1, W. Va Bate B 1 5 1988 Ichany	en Judat
E Juy Davin	The state of	00

VR AISME (5) 5M 1/65

1

6 liverymanna---inin Hale white I make lay 23, 1990 Sp Mest Vivginia A de Print Edward Loop Lindler (Pa New Mathylington St. T. 1987) 1.7 and the first the payment of the and the second and the Control of th A STATE OF THE PARTY OF THE PAR MirMi 2-15-Du Sdya will yar buy marks Kuju, Harring 2. abelian .c., vanelos loso, deriod

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	2-
02971	CERTIFICATE OF DEATH	J
NACE OF BEATH	H. O. Maries, prosperior diff. S. J. M. J. M. S. Maries, Printer before	

1.	a. COUNTY	WASHINGTO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON								
	b. CITY OR TOW Write BURAL HAC	N (if outside corporated and give nearest tow ERSTOWN	e limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL HAGERS TOWN				21-1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)								RESIDENCE N A FARM?		
	WASHINGTON COUNTY HOSPITAL				II ZORR VIRITINIA AVE.					No D	
	NAME DF DECEASED (Type or print)	ROBEF		Middle RENO	WOLF	4. DATE OF DEATH	FEBRU	JARY	Bay 8	19 66	
5.	MA LE	6. COLOR OR RACE	7. MARRIE WIOOWE		8. DATE OF BIRTH 11/9/19		AGE (In years last birthday)			NOER 24 HRS.	
108		TON (Give kind of work		KIND OF BUSINESS OR	11. BIRTHPLACE (C		yrs.) 12. CIT	IZEN OF V	VHAT	
dur	MACHIN	ing life, even if retired	EL	ECTRIC UTILI				COL	J.S.	A .	
13.	FATHER'S NAM	E			14. MOTHER'S MAIL						
V.	CAROI				MYRTLE	DRILI					
15	. WAS OECEASEO	EVER IN U.S. ARMEO FO	RCES? 16	6. SOCIAL SECURITY NO. 17.	INFORMANT			AGER		N	
(1)	NO	(II yes give war or dates o	Sel vice)	214-10-3976	MRS PAULI	NE C.	WOLF	1	MD.		
	18. CAUSE OF	DEATH [Enter only on	cause per	line for (a), (b), and (c).]	S 1	1	+ 4	^ 1	INTERVA	L BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) asphyliation + maniton ONSET AND DEATH										
	163 X DUE TO O A A TO										
	Cenditions, If any, which Bleeding from bronchial Carcinous										
	gave rise to Immediate cause (a), stating the OUE TO A AGAIN I A GO MA DIGNIAU & Lung Caases										
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO										
	202. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at wor										
	21. I certify that (I) (this hospital) attended the deceased from 12/13, 1965, to 2/8, that (I) (we) last										
	saw the deceased alive on 2/7 19 66 and that death occurred at 2A M, from the causes and on the date stated above.										
	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF										
	1hp	mas UC	Lac	y M.	D. PHYS.	OIRECTOR	PHYS.	1 24	9/4	06	
	NAME (T		V. 0	raig, M. D.	22d. AOORESS 247 N.	otomac	St.	/			
238	BURIAL, CREM	ACD) 23b. DATE 1	HEREOF	ROSE HILL	Y OR CREMATORY CEM.	23d. L00 HA	GERSTO	Wn or coun	ity) N	(State)	
24	. FUNERAL DIRI	ECTOR	1-11	ADDRESS	- / FFF	9 - 1	TRAR 25b. R	/ /		RE	
1	W. I Hornent, Hagerstown Md. OATE B 14 1966 Judge										

VR A15 (4) 20M 1/65

BANK PART PART AND THE PROPERTY OF THE PROPERT FE STREET NOW OF THE TAX STREET OF THE STREE - 1211-10-3976 | 1011 WILLIAM D. 112-1 to neveral living on the later of the second BERTOLL SYMANG ROOM BILLIONE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

023	62	- 150 MV	CLKIIIICA	IL OI DEA				1430	3
1. PLACE OF DEAT					ENCE (Where deceo			efore admiss	ion)
Washing	rton		MARYLAND d. STATE Maryland				b. COUNTY Washington		
b. CITY OR TOWI	o. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give n						
write RURAL Hagerst	and give nearest town)		2 Days	Puro	1 Boonsb	oro Red	1 2	1.1	
	PITAL OR INSTITUTION (If no	at in hospital, a		d. STREET ADDR		olo Made		e. IS RES	
								ON A I	FARM?
3. NAME OF	ton County	rst galla	. Middle	l Bene	vola 4 DATE	Mont		1	ear
DECEASED					OF				
(Type or print) S. SEX	6. COLOR OR RACE		M.	Wyand 8. DATE OF BIRTH	DEATH	Februa AGE (In years	IF UNDER 1 YE	AR LIFTINDE	66 ER 24 HRS
		7. MARRIED	NEVER MARRIED X			last birthdoy)	Months Do	ovs Hours	
Female	White	WIDOWED	DIVORCED	February			11 2		
100. USUAL OCCUPAT during most of work	ION (Give kind of work done ing life, even if retired)	INI	ND OF BUSINESS OR DUSTRY	792000	(County & State, or fo		COUNT	N OF WHAT	
	ing life, even if retired)		Own Home Rural Sharpsburg, Md			rg, Md.	Id. U. S. A.		
13. FATHER'S NAME				14. MOTHER'S N	MAIDEN NAME				
Albert	M. Wyand			Fannie	May Bur	tner			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes or	16. S	SOCIAL SECURITY NO.	7. INFORMANT		Addre	SS		
No •	(ii yes give wor or dores o	U	nknown	Mrs. Georg	e Bowman	. Waynesb	oro. Pa	3.	
18. CAUSE OF	DEATH (Enter only one cou			Λ		./		INTERVAL BE	
PART I. D	EATH WAS CAUSED BY:	(0)	Trienione	Kennel	s Mi			ONSET AND	DEATH
45	O / DUE	. ,			01 1	/		~ 1	11
	ny, which gove	(b)	A enor	eno of	volle 1	0.00		1 mos	VIL
	iote couse (a), DUE	TO	91 7	1/		-			
lost.	derlying coose	(c)		<i>y</i>		1			
PART II. OTHER	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
OR CONTRIBUTION		111111						YES T	NO T
200 ACCIDENT	WAS UNDERLYING	205. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of in	niury in Port I or Po	rt II of item 18.)			
OR CONTRIBUT	NG CAUSE OF DEATH		Jenor Horri Hadri decomi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(II EIIIIEK, NOI	IFY MEDICAL EXAMINER) INJURY Month, Doy, Yeor	204 IN	JURY OCCURRED 20e.	PLACE OF INJURY (Hor	me, form, 20f.	(City or town)	(County	v)	(Stote)
20c. TIME OF Hour	o.m.	While	Not While	foctory, street, office bl		1	, (20011)	'	(3,0,0)
	p.m. 19	ot work		16/11/	10/	6.12-11	2 10/16	2 11 111	
	21. I certify that (I) (this haspital) attended the deceased from 1, 1966, to 10, 1966, that (I) (we) las								
	saw the deceased olive an 1960, and that death accurred at 16 M, from couses and on the dote stoted above								
22o. SIGNATU	RE AAI	12/1	111111	ATTENDING	MED.	STAFF	22h DATE	SIGNED	6)
		IM	100	M.D. PHYS.	DIRECTOR	LJ PHYS L		0	1
22c. PHYSICIA NAME (T		1101	1/22	ZZd. ADUKE	MATO	10/1	1	811	0
	5 H	hall			AUU I	VVV D C		10	
230. BURIAL, CREMA	ATION, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. L0	OCATION (City or Tox	wn) / (Co	ounty) ((Stote)
REMOVAL (Spe Burial		7-66	Fairview Co	emetery	Kee	edysville RAR 2Sb. RE	Md	.ATIADE	
24. FUNERAL DIRE	CTOR		ADDRESS	25		0.00		-	
John H. F	Re at . In . 110	NT. 1/6	in S . Boonel	Md D	FEB 21	1925 10	hareles	Judas	2.

remove carbon popers. Pages 1 and 2 in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-transit permit. Then of should be filed with the State Dept. of Health prior to burial, cremation, or removal Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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	and all alough		and profit it small
4 13 (4)	mystic marginal systems are	Direction of the last of the l	. 99

rage 4 may be retained by the nospital of attentions physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02973 CERTIFICATE OF DEATH

00010	- 0. 0-/	OFF				
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	sidence before admission)				
	Maryland Wa	shington				
b. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	Clear Spring, Md.	2/-/				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	9. IS RESIDENCE ON A FARM?				
Washington County Hospital	160 Main St.	YES NO				
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year				
	akle DEATH Feb. 8. DATE OF BIRTH 9. AGE (In years IFUNDER:	16 19 66				
7. WARRIED A MEYER WARRIED	last birthday) Months I	Days Hours Min.				
104. USDAC OCCUPATION (GIVE kind of work done during most of working life, even if retired) WIDOWED	Dec. 21. 1896 69 yrs. 1 2	TIZEN OF WHAT				
	CO	UNTRY?				
House work Home duties 13. FATHER'S NAME	Baltimore, Md. U.	S.A.				
Michael OConner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Cora Mullen INFORMANT Address					
(Yes, no, or unkown) (If yes give war or dates of service)	3.6					
None 213-24-8882 (18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	John T. Yeakle Clspg. Md.	INTERVAL BETWEEN				
	ha Nussandin	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of ti	ne Myocardium	5 minutes				
Myocardial infare	Conditions, If any, which \ DUE TO Myocardial infarction					
gave rise to immediate						
cause (a), stating the underlying cause last.	therosclerosis, severe	unknown				
		19. WAS AUTOPSY PERFORMED?				
Diabetes MellitusHypertensive Heart D	isease	YES NO				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONTRIBUTING TO A COLOR OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.					
	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)				
While Not while	ory, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from Fo	eb 11, 166 tFeb 16 1966	, that (I) (we) last				
saw the deceased alive on February 16 1966, and that	t death occurred 4:35 PM, from the causes and Dn tl	ne date stated above.				
22a. SIGNATURE	22b. Da	ATE SIGNED				
Cuhi Hober Cohen M.E	D. ATTENDING XX MED. STAFF PHYS. Teb	18, 1966				
PHYSICIAN'S Archie Robert Cohen, M.D.	Clear Spring, Maryland					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)				
Burial 24. FUNERAL DIRECTOR ADDRESS ADDRESS	Cemetery Washington Co	Md.				
0						
Margaret Rowland. Clear Spring,	Md. DATEEB 23 1966 Johnson	es Judge				
		1.0				

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